



RIVERSIDE COUNTY SELPA

**2022 – 2023
IEP MANUAL**

***WRITING IEPs
FOR EDUCATIONAL BENEFIT***

July 2022

TABLE OF CONTENTS

| | | |
|------|--|----|
| I. | <u>INTRODUCTION</u> | 1 |
| a. | <u>Individualized Education Plan (IEP) Purposes</u> | 1 |
| b. | <u>IEP Team Membership</u> | 1 |
| c. | <u>IEP Contents</u> | 2 |
| d. | <u>Notice of Procedural Safeguards and Parents' Rights</u> | 3 |
| e. | <u>IEP Timeline Requirements</u> | 4 |
| f. | <u>Students Undergoing Initial Evaluations</u> | 5 |
| g. | <u>When IEP Team Meetings Need to Be Scheduled</u> | 5 |
| h. | <u>IEP Implementation</u> | 6 |
| i. | <u>Special Education Process Timetable</u> | 7 |
| II. | <u>PREPARATION AND PLANNING</u> | 8 |
| a. | <u>Notice of Meeting</u> | 8 |
| b. | <u>Finding Out What is Important to Your Students</u> | 11 |
| c. | <u>Use an Agenda</u> | 12 |
| d. | <u>Tips for Writing IEPs</u> | 15 |
| e. | <u>Strategies for Conducting Successful Meetings</u> | 17 |
| III. | <u>COMPLETING THE CORE IEP FORMS</u> | 21 |
| a. | <u>Information/Eligibility</u> | 21 |
| b. | <u>Present Levels of Academic Achievement and Functional Performance</u> | 27 |
| c. | <u>Individual Transition Plan</u> | 30 |
| d. | <u>Annual Goals</u> | 38 |
| e. | <u>Annual Goals & Objectives</u> | 40 |
| f. | <u>Special Factors</u> | 43 |
| g. | <u>Services (Offer of FAPE)</u> | 49 |
| h. | <u>Educational Setting (Offer of FAPE)</u> | 62 |
| i. | <u>Signature and Parent Consent</u> | 67 |
| j. | <u>IEP Team Meeting Comments/Continuation Page with PWN</u> | 69 |
| k. | <u>Prior Written Notice</u> | 70 |
| l. | <u>Assessment Plan and Prior Written Notice</u> | 73 |
| m. | <u>IEP Team Amendment Page</u> | 76 |
| n. | <u>Team Determination of Specific Learning Disability</u> | 77 |
| o. | <u>Emergency Conditions Provisions Plan</u> | 81 |
| IV. | <u>COMPLETING SUPPLEMENTAL IEP FORMS</u> | 84 |
| a. | <u>IEP Team Member Excusal</u> | 86 |
| b. | <u>Notice of IEP Team Meeting Held without Parent(s) Present</u> | 87 |
| c. | <u>Notification of the Transfer of Educational Rights</u> | 88 |

| | | |
|----|--|-----|
| d. | <u>Interim Placement Form</u> | 89 |
| e. | <u>Authorization for Use and/or Disclosure of Information</u> | 93 |
| f. | <u>Manifestation Determination Review IEP Team Meeting Notice</u> | 94 |
| g. | <u>Manifestation Determination Review Form</u> | 95 |
| h. | <u>Tier 2 Positive Behavioral Interventions (PBI)</u> | 99 |
| i. | <u>Functional Behavioral Assessment (FBA)</u> | 100 |
| j. | <u>Tier 3 Positive Behavioral Intervention Plan</u> | 102 |
| k. | <u>Behavior Emergency Report</u> | 106 |
| l. | <u>Review of Existing Data/Additional Eligibility Eval Assessment Needed</u> | 107 |
| m. | <u>ESY Eligibility Worksheet</u> | 110 |
| n. | <u>Individual Service Plan</u> | 112 |
| o. | <u>Individual Service Plan Notice of Meeting</u> | 114 |
| p. | <u>Assistive Technology Report Summary and Implementation Plan</u> | 114 |
| q. | <u>Related Services Independence Assistance (RSIA)</u> | 117 |
| r. | <u>Occupational and Physical Therapy Forms</u> | 126 |
| s. | <u>Summary of Performance (SOP)</u> | 131 |

APPENDICES

| | |
|---|-----|
| <u>Appendix A – Notice of Procedural Safeguards and Parent's Rights</u> | 136 |
| <u>Appendix B –Special Education Service Options</u> | 147 |

Section I: Introduction

The Riverside County Special Education Local Plan Area (SELPA) developed this **IEP Manual: Writing IEPs for Educational Benefit** as a resource to special education personnel and site administrators. The development of an individualized education program (IEP) is a team process that follows a series of steps for success. Although the forms are standardized, the completion of these forms is individualized to each student. Following the procedures outlined in this IEP Manual guides IEP team members to decisions regarding the provision of a free appropriate public education (FAPE) for each student with a disability in the least restrictive environment (LRE). The completed IEP forms are also used to track compliance and collect other data required for CALPADS reporting. For these reasons, it is vital that procedures be carefully adhered to throughout all levels of the recording and data collection processes.

The Riverside County SELPA documents used to complete the IEP process were developed to meet the legal requirements of the Individuals with Disabilities Education Improvement Act (IDEIA). The IEP Manual contains step-by-step directions on how to complete each line/box of the IEP forms to ensure compliance with federal and state regulations. As IDEIA periodically goes through reauthorization, revisions of these forms may take place to incorporate the new laws. The IEP forms will also be periodically evaluated and changed in response to demands from the California Department of Education (CDE) or recommendations from the SELPA Administrators of California. This is considered general guidance and not a replacement for local policies and procedures. Input from the field regarding suggestions for improvement will also be considered.

THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) PURPOSES

It is the intent of the legislature that the IEP team meetings be non-adversarial and convened solely for the purpose of making educational decisions for the good of the individual with exceptional needs. (EC 56341.1 (h))

A local educational agency (LEA) shall initiate and conduct meetings for the purpose of developing, reviewing, and revising the IEP of each individual with exceptional needs. (EC 56340)

IEP TEAM MEMBERSHIP

Each meeting to develop, review, or revise the IEP of an individual with exceptional needs shall be conducted by an IEP program team. The IEP team shall include all of the following (EC 56341 (a) (b 1-7)):

- (1) One or both of the pupil's parents, a representative selected by a parent, or both, in accordance with the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.).*
- (2) At least one regular education teacher of the pupil, if the pupil is, or may be, participating in the regular education environment. If more than one regular education teacher is providing instructional services to the individual with exceptional needs, one regular education teacher may be designated by the district, special education local plan area, or county office to represent the others. The regular education teacher of an individual with exceptional needs shall, to the extent appropriate, participate in the development, review, and revision of the pupil's individualized education program, including assisting in the determination of appropriate positive behavioral interventions and strategies for the pupil and supplementary aids and services, and program modifications or supports for school personnel that will be*

provided for the pupil, consistent with paragraph (3) of subsection (a) of Section 300.347 of Title 34 of the Code of Federal Regulations. You should ALWAYS have a General Education teacher at all IEPs.

- (3) At least one special education teacher of the pupil, or if appropriate, at least one special education provider of the pupil.*
- (4) A representative of the district, special education local plan area, or county office who meets all of the following:*
 - (A) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of individuals with exceptional needs.*
 - (B) Is knowledgeable about the general curriculum.*
 - (C) Is knowledgeable about the availability of resources of the local educational agency.*
- (5) An individual who conducted an assessment of the pupil or who is knowledgeable about the assessment procedures used to assess the pupil and is familiar with the assessment results or recommendations. The individual shall be qualified to interpret the instructional implications of the assessment results. The individual may be a member of the team described in paragraphs (2) to (6) inclusive.*
- (6) At the discretion of the parent, guardian, or the district, special education local plan area, or county office, other individuals who have knowledge or special expertise regarding the pupil, including related services personnel, as appropriate. The determination of whether the individual has knowledge or special expertise regarding the pupil shall be made by the party who invites the individual to be a member of the individualized education program team.*
- (7) Whenever appropriate, the individual with exceptional needs.*

IEP CONTENTS

The IEP is a written statement determined in a meeting of the IEP team and shall include, but not be limited to, all of the following: (EC 56345)

- 1) The present levels of the pupil's educational performance.*
- 2) The measurable annual goals, including benchmarks or short-term instructional objectives.*
- 3) The specific special educational instruction and related services and supplementary aides and services to be provided to the pupil, or on behalf of the pupil, and a statement of the program modifications or supports for school personnel that will be provided for the pupil in order to advance appropriately toward attaining the annual goals, to be involved and progress in general curriculum and to participate in extracurricular and other nonacademic activities.*
- 4) The extent to which the pupil will be able to participate in regular educational programs.*
- 5) The individual modifications in the administration of state or district wide assessments of pupil achievement that are needed in order for the pupil to participate in the assessment.*
- 6) The projected date for initiation and the anticipated duration of the programs and services included in the IEP.*
- 7) Appropriate objective criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved.*
- 8) A statement of how the pupil's parents or guardian will be regularly informed, at least as often as parents and guardian of non-disabled students, on their progress toward annual goals.*

9) *When appropriate the IEP shall also include...*

- (a) *Prevocational career education for pupils in kindergarten and grades 1 to 6, inclusive, or pupils of comparable chronological age.*
- (b) *Vocational education, career education or work experience education, or any combination thereof, in preparation for remunerative employment, including independent living skill training for pupils in grades 7 to 12, inclusive, or comparable chronological age.*
- (c) *For pupils in grades 7 to 12, inclusive, any alternative means and modes necessary for the pupil to complete the district's prescribed course of study and to meet or exceed proficiency standards for graduation.*
- (d) *For pupils whose primary language is other than English, linguistically appropriate goals, objectives, programs and services.*
- (e) *Extended school year services when needed, as determined by the IEP team.*
- (f) *Provision for the transition into the regular class program if the pupil is to be transferred from a special class or center, or nonpublic, nonsectarian school into a regular class in a public school for any part of the school day.*
- (g) *For pupils with low-incidence disabilities, specialized services, materials, and equipment, consistent with guidelines.*
- (h) *At least one year before the pupil reaches the age of 18, a statement that the pupil has been informed that his or her rights will transfer to the pupil upon reaching the age of 18.*

The IEP shall show a direct relationship between the present levels of performance, the goals and objectives, and the specific educational services to be provided. (CCR 3040 (c))

Specific educational placement means that unique combination of facilities, personnel, location or equipment necessary to provide instructional services to an individual with exceptional needs, as specified in the IEP. (CCR 3042 (a))

The IEP team shall document its rationale for placement other than the pupil's school and classroom in which the pupil would otherwise attend if the pupil were not handicapped. The documentation shall indicate why the pupil's handicap prevents his or her needs from being met in a less restrictive environment even with the use of supplementary aids and services. (CCR 3042(b))



NOTE: Because the special education procedures are a *legal process*, it is important to understand (1) Notice of Procedural Safeguards and Parents' Rights, (2) when IEP team meetings are required, and (3) special education timelines.

IMPORTANT - NOTICE OF PROCEDURAL SAFEGUARDS AND PARENTS' RIGHTS

All special education staff members and administrators should be familiar with the content of the NOTICE OF PROCEDURAL SAFEGUARDS AND PARENTS' RIGHTS (see Appendix A). Prior to beginning an IEP team meeting, inquire as to whether parents have a copy and/or need an explanation. The notice should have been sent with the Assessment Plan or provided to the parent at least once per school year. Many parents will waive this process because they are already familiar with their rights. Use an IEP TEAM MEETING COMMENTS/CONTINUATION PAGE with

Prior Written Notice (PWN) (see Appendix D) to document that you reviewed either the “Rights” or the parents waived the review of “Rights”.

The parents or guardians of a pupil who has been referred for initial assessment, or of a pupil already identified as an individual with exceptional needs, shall be afforded an opportunity to participate in meetings with respect to the identification, assessment, and educational placement of the pupil and with respect to the provision of a free appropriate public education, as provided in Section 300.501 of Title 34 of the Code of Federal Regulations. (EC 56304)

The parents or guardians shall have the right to present information to the individualized education program team in person or through a representative and the right to participate in meetings, relating to eligibility for special education and related services, recommendations, and program planning. (EC 56341.1 (e))

The parent or district shall have the right to electronically record the proceedings of IEP meetings on an audio tape recorder. The parent or district shall notify the members of the IEP team of their intent to record the meeting at least 24 hours prior to the meeting. If the district initiates the notice of intent to audiotape record a meeting and the parent objects or refuses to attend the meeting because it will be tape recorded, then the meeting shall not be recorded on an audio tape recorder. (EC 56341.1 (f)(1))

The parent has the right to request an individualized education program team meeting to review an individualized education program, which shall be held within 30 days, not counting days between the pupil's regular school sessions, terms, or days of school vacation in excess of five schooldays, from the date of receipt of the parent's written request. If a parent makes an oral request, the school district shall notify the parent of the need for a written request and the procedure for filing a written request. (EC 56343.5)

IEP TIMELINE REQUIREMENTS

An IEP required as a result of an assessment of a pupil shall be developed within a total time not to exceed 60 days, not counting days between the pupil's regular school sessions, terms or days of school vacation in excess of five schooldays, from the date of receipt of the parent's written consent for assessment, unless the parent agrees, in writing to an extension. However, an individualized education program required as a result of an assessment of a pupil shall be developed within 30 days after the commencement of the subsequent regular school year as determined by each district's school calendar for each pupil for whom a referral has been made 30 days or less prior to the end of the regular school year. In the case of pupil school vacations, the 60-day timeline shall recommence on the date that pupil schooldays reconvene. (EC 56344) **(Excess of five school days means MORE than 5 days off)***



NOTE: *Please be aware, if a parent requests an extension to the timeline and the LEA grants the request, the State will still consider the LEA “Out of Compliance” on the timeline and the parent can file a complaint or request for due process. There must be multiple documented attempts to work with the parent to hold the meeting on time. If, after discussing the purpose of the meeting with the parent and they refuse to participate, it is recommended that the IEP team convene to begin the IEP to meet the required timeline. Document in notes when and how the parent was contacted, IEP was started, then close the meeting and come together at a later date when the parent can attend to finish the IEP. Complete Form 16-IEP Meeting Held Without Parent Present and send home with the IEP. Parent would not sign consent, as IEP was not completed. Remember to indicate the offer of FAPE (would remain current offer) on notes.

STUDENTS UNDERGOING INITIAL EVALUATIONS

*Beginning in the 2016-17 school year, CDE changed the reporting requirements for CASEMIS reporting to include students undergoing initial evaluations **once parent consent was received by the LEA**. Because the methods for reporting these students in SEIS is very different from past practice, this has led to confusion and misreporting. CASEMIS moved completely to CALPADS during the 19-20 school year.*

The plan type designation for these students is 300. **Formerly known as Plan Type 30.** Therefore, they are often referred to as Plan Type 300 students. The correct location for these students in SEIS is the Pending Students. As long as they are marked as plan type 300, they will be pulled from Pending for CALPADS reporting. No other Pending students will pull into the CALPADS report.

Each LEA will need to develop a procedure regarding the specific time that students are entered into SEIS for initial evaluation. At minimum, the students **MUST** be entered in once the **LEA has obtained permission to assess**, as this now makes the student reportable.

When a student becomes a plan type 300 student (undergoing initial evaluation with parent consent obtained), certain CALPADS fields become required to be populated. These fields include ethnicity and race, EL status and Native language, and all referral information that has occurred to that point, as well as assigning 300 as the plan type.

One common practice that cannot continue now that these students are being reported for CALPADS is using the Initial Evaluation Date field to assist in counting out the Initial 60 Day Timeline. Many users have developed the habit of entering the future date when the 60-day timeline will expire. However, because this is a CALPADS field, only dates that have actually occurred can be populated in this field.

Plan type 300 students count in the required 60 Day Timeline for Data Identified Non-Compliant (DINC). It is important to get these students correctly entered into SEIS, documented with a plan type of 300, and complete required CALPADS fields fully and correctly. For students who have not yet had an Initial IEP, the date of the data pull will be used to determine if more than 60 days have passed since the date parent consent was received.

If the student undergoing initial evaluation already has a record in the SEIS system, because they have been assessed previously for Special Education or because they have exited from Special Education services in the past, that record must be reactivated to Pending in SEIS. When the record is reactivated, the data from the old initial referral needs to be removed and repopulated with the new initial referral information and adding the 30-plan type once parent consent is received.

WHEN IEP TEAM MEETINGS NEED TO BE SCHEDULED:

The IEP team shall meet whenever any of the following occurs: (EC 56343)

- (a) A pupil has received an initial formal assessment. The team may meet when a pupil receives any subsequent formal assessment.*
- (b) The pupil demonstrates a lack of anticipated progress.*
- (c) The parent or teacher requests a meeting to develop, review, or revise the IEP.*

Note: Shall be held within 30 days of receipt of written request from Ed Rights Holder

(d) At least annually, to review the pupil's progress, the IEP, and the appropriateness of placement, and to make any necessary revisions.

It is recommended that the IEP team also convene a meeting when one of the following occurs:

- Interim placement of student with active IEP from another district (Note: Required when student enters from district outside Riverside County SELPA; optional if moves within)
- Any reevaluation of a student (including Eligibility Eval Review) is conducted
- The student does not demonstrate anticipated progress toward meeting his/her annual goals and/or in the general curriculum
- New information is received or other matters related to the IEP arise

IEP IMPLEMENTATION

Upon completion of the IEP, that IEP shall be implemented as soon as possible following the team meeting. (CCR 3040(a), EC 56043 (i))

A copy of the IEP shall be provided to the parents at no cost, and a copy of the IEP shall be provided in the primary language at the request of the parent. (CCR 3040(b))

Prior to the placement of the individual with exceptional needs, the LEA shall ensure that the regular teacher or teachers, the special education teacher or teachers, and other persons who provide special education and/or related services to the individual have access to the pupil's IEP, are knowledgeable of the content of the IEP, and are informed of his or her specific responsibilities related to implementing a pupil's IEP and the specific accommodations, modifications and supports that shall be provided for the pupil in accordance with the IEP. (EC 56347)

Per EC 56346, the LEA must make reasonable efforts to obtain informed consent from the parent of the child before providing special education and related services to the child. If the parent of the child fails to respond or refuses to consent to the initiation of services, the LEA shall not provide special education and related services to the child. If the parent of the child refuses to consent to the initial provision of special education and related services, or the parent fails to respond to a request to provide the consent, the LEA shall not be considered to be in violation of the requirement to make available a free appropriate public education to the child and the LEA shall not be required to convene an IEP team meeting or develop an IEP for the child for the special education and related services for which the LEA requests consent.

If the parent or guardian of a child who is an individual with exceptional needs refuses all services in the IEP after having consented to those services in the past, the LEA shall follow the revocation of consent procedures described elsewhere.

If the parent of the child consents in writing to the receipt of special education and related services for the child but does not consent to all of the components of the IEP, those components of the program to which the parent has consented shall be implemented so as not to delay providing instruction and services to the child. IEP shall convene to discuss areas not agreed to and, if agreement is not obtained, the LEA is required to file due process for those areas they cannot resolve. (EC 56346(f))



Special Education Process Timetable

| | 15 DAYS | (AT LEAST 15 DAYS) | | 60 DAYS | | | | ASAP | 1 YEAR |
|-----------------------|--|--|--|---|--|---|--|--|---|
| STUDENT STUDY TEAM | REFERRAL | ASSESSMENT PLAN | INFORMED CONSENT | RECEIPT OF PARENT / GUARDIAN CONSENT | MULTIDISCIPLINARY ASSESSMENT BEGINS | IEP TEAM MEETING | DEVELOPMENT OF IEP | IMPLEMENTATION OF IEP | ANNUAL REVIEW OF IEP |
| | By parents/ guardians, teacher, doctor, agencies, etc. | Give plan to parent/guardian for consent | Notice of parent/guardian rights | Assessment begins when parent/guardian permission is received | May include assessment of: | Determine eligibility for special education services (if eligible go to next column) | Provide parent/ guardian with notice of rights | Provide instruction and necessary related services | Review of IEP |
| | Reason for referral | Reason for assessment | Parent/guardian permission to test | | *Academic/preacademic achievement | | Develop goals/objectives | | Teacher(s)/ Specialist(s) Report(s) |
| | | Areas to be assessed | | | *Social/emotional/ adaptive behavior | | Determine related services needed | | Modify or add goals/ objectives |
| | | Type of tests or procedures to be used | | | *Psychomotor development | | Determine placement | | Parent/ guardian consent Notice of Rights |
| | | Who will conduct assessments | | | *Communication development | | Obtain parent/guardian consent | | |
| | | | | | *Intellectual development | | | | |
| | | | | | *Vocational/career development | | | | |
| | | | | | *Other (e.g., audiological, health, vision, hearing, independent assessments, etc.) | | | | |

Section II: Preparation and Planning



NOTE: Preparation and planning begins with collaborative conversations for scheduling the IEP team meeting on a date and time that everyone who needs to be present can attend. Typically, the “case carrier” completes the **NOTICE OF MEETING** form as follows and provides the original to the parent/guardian and a copy to each anticipated participant.

NOTICE OF MEETING

Per EC 56341.5, the following components shall be considered:

- Each district, special education local plan area, or county office convening a meeting of the individual education program team shall take steps to ensure that:
 - No less than one of the parents or guardians of the individual with exceptional needs are present at each individualized education program meeting or are afforded the opportunity to participate.
 - Parents or guardians shall be notified of the individualized education program meeting early enough to ensure an opportunity to attend.
- The individualized education program meeting shall be scheduled at a mutually agreed upon time and place.
- The notice of the meeting shall indicate the purpose, time, and location of the meeting and who shall be in attendance.
- Parents or guardians may also be informed in the notice of the right to bring other people to the meeting who has knowledge or special expertise regarding the individual with exceptional needs.
- As part of a student’s participation in the development of his or her IEP, the individual shall be allowed to provide confidential input to any representative of his or her IEP team.
- For an individual with exceptional needs beginning at age 16, or younger, if appropriate, the meeting notice shall also indicate that a purpose of the meeting shall consider postsecondary goals and transition services of the individual and indicate that the individual with exceptional needs is also invited to attend
- The LEA, to the extent appropriate, with the consent of the parents or individual with exceptional needs who has reached the age of majority, shall invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services.
- If no parent or guardian can attend the meeting, the LEA shall use other methods to ensure parent or guardian participation, including individual or conference telephone calls.
- A meeting may be conducted without a parent or guardian in attendance if the LEA is unable to convince the parent or guardian that he or she should attend. In this event, the LEA shall maintain a record of its attempts to arrange a mutually agreed-upon time and place, as follows:

- 1) Detailed records of telephone calls made or attempted and the results of those calls.
 - 2) Copies of correspondence sent to the parents or guardians and any responses received.
 - 3) Detailed records of visits made to the home or place of employment of the parent or guardian and the results of those visits.
- The LEA shall take whatever action is necessary to ensure that the parent or guardian understands the proceedings at a meeting, including arranging for an interpreter for parents or guardians with deafness or whose native language is a language other than English.
 - The LEA shall give the parent or guardian a copy of the individualized education program, at no cost to the parent or guardian.



NOTE: Every attempt, using different modalities, should be made to schedule a student's IEP team meeting at a time that is mutually convenient for the parent/guardian and school personnel. This means you may need to pick different dates. A designated member of the IEP team must complete and send to the parent/guardian a Notice of Meeting within a reasonable amount of time prior to the meeting (recommended 10 days). Complete the form as follows:

☐ 1st Attempt ☐ 2nd Attempt ☐ 3rd Attempt

☐ 1st Attempt ☐ 2nd Attempt ☐ 3rd Attempt: Check mark the appropriate box to indicate that it is either the first, second or third time you have sent the Notice of Meeting to the Parent/Guardian.

After documenting 3 attempts, using different modalities (Mail, certified mail, phone calls, emails, letter home with child, going to the home, etc.), the IEP may be started without the parent in order to stay in compliance with timelines. Before doing this, you will need to notify the parent of all the attempts to contact them to hold the IEP stating the dates and different modalities of contact. If you hold the IEP without the family, due to not hearing back at all, the team must meet with the parent on a later date to complete the IEP or, if the parent cannot be convinced to participate in person or via phone, the team may complete the IEP and send it home to the parent along with a Notice of Meeting Held Without Parent(s) Present form 16.

Nothing can be implemented on an IEP without parent consent!

Purpose of Meeting:

☐ Initial ☐ Plan Review ☐ Eligibility Evaluation ☐ Transition Planning ☐ Amendment
☐ Interim ☐ Possible Change of Placement/Services ☐ Other _____

Purpose of Meeting: Check those appropriate to indicate to the IEP team members the purpose(s) of the IEP meeting.

- Initial is the IEP to determine eligibility after initial assessment.
- Plan Review is the IEP meeting to be held within one year of prior IEP.
- Eligibility Evaluation is the IEP meeting to be held after reassessment. This meeting may also include the Plan review IEP Meeting.
- Transition Planning **must be marked** anytime there is a required meeting, for the purpose of discussing transition, such as to discuss transition services provided to students at age 16 and older and when a student is transitioning from Preschool to

Transitional Kindergarten, Kindergarten, or 1st grade (if student did not participate in kindergarten) to document the REQUIRED transition meeting.

- **Transition planning may also be marked** for transition from infant to preschool, elementary to middle, middle to high school, high school to transition placements, from public school setting to NPS or reverse, etc.
- Amendment means an IEP meeting held to address any changes to the current signed IEP.
- Interim means if the child has an IEP and transfers into a district from another district.
- Possible Change of Placement/Services means the IEP members may discuss a change of placement or services for the student.
- Other

| | |
|------------------------------|---|
| Student's Name: _____ | Birthdate: ____ / ____ / ____ |
| Address: _____ | Today's Date: ____ / ____ / ____ |

Student's Name: Write the student's name.

Birthdate: Write the student's birthdate.

Address: Write the student's address.

Today's Date: Write the date the notice is being filled out.

| |
|--------------------|
| Dear _____, |
|--------------------|

Dear: Write the name of the parent or guardian.

| | | | |
|---------------------------------|--------------|--------------------|------------------|
| Date: ____ / ____ / ____ | Time: | Begin: ____ | End: ____ |
| School/Location: _____ | | Room: _____ | |

Date: Write the date of the proposed meeting.

Time: Write the beginning and ending time of the meeting.

School/Location: Indicate the school name or location of the IEP meeting.

Room: Indicate the room location of the IEP meeting.

| |
|---|
| We anticipate that the following members will also attend: |
|---|

Anticipated Members: Check the boxes that indicate the positions of all IEP team members that are expected to attend the meeting. If "Other" is checked, write in position. **Note:** At age 16, student must be invited.

| |
|---|
| <input type="checkbox"/> Please see attached IEP Team Member Excusal for information on who is unable or not required to participate in this IEP meeting |
|---|

Please see attached IEP Team Member Excusal for information on who is unable or not required to participate in this IEP meeting: Check this box if you are including the IEP TEAM MEMBER EXCUSAL (Appendix E) form with the Notice of Meeting to indicate who will need to be excused from the meeting **in whole or in part.**

If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call:

Name: _____

Title: _____

School/District: _____

Phone: (____) _____

Further Information: List who the parents need to contact for further information about the procedural safeguards, including the person's name, title, location, and phone number.

Please complete and sign this form, and return to: _____

Return To: List the name of the person the form needs to be returned to within the school setting.

- ☐ I plan to attend the meeting and bring the following additional attendees _____
- ☐ I require assistance of an interpreter (language): _____
- ☐ I give my consent for the district to invite other agency personnel to attend the meeting if secondary transition is being addressed
- ☐ I do not plan to attend the meeting, but am available by teleconference at: (____) _____ - _____ Email: _____
- ☐ I request a different time and/or place. Please call or email me at: (____) _____ - _____ or _____
- ☐ **NO**, I cannot attend the meeting or participate by teleconference, but hereby give my permission for the meeting to be held without me (CFR 300.322d). I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.
- ☐ **NO**, I cannot attend, but I will send _____ as my representative to speak for me.
I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

Parent/Guardian/Surrogate/Adult Student: _____

Date: _____

Check the Following Items and Sign: The parent/guardian/surrogate/adult student needs to indicate how he/she anticipates participating in the IEP meeting, sign, and date.

FINDING OUT WHAT IS IMPORTANT TO YOUR STUDENTS

All IEP team members have valuable information to contribute regarding a student's learning challenges, the school environment, and the student's strengths and needs. As a team, they are collaborating to establish goals, services, and priorities for the classroom. Students are an important part of the IEP. Consider inviting older students to participate as a member of the planning team. The following are questions taken from *Leading the Way: Solutions for Success*, an e-series developed by Progressus Therapy and could be asked of students to better prepare for the IEP meeting:

WHAT'S IMPORTANT TO YOU?

1. Are you experiencing any problems in class? If yes, what type of problems?
2. How do you usually feel when you experience problems or frustrations in class?
3. List some of the ways you behave when you are having problems.
4. Are there any classroom situations that cause you problems? (e.g., Noise, Temperature, Pictures and wall decorations, Books, Tests, Other kids in the class, Homework, Certain subjects, Assignments, Grades)

5. List some ways your teachers, parents, or classmates help you when you experience trouble in class.
6. List several things your teachers or classmates do that frustrate you or cause you problems in class.
7. At what time of day do you do your best? Why do you feel this is your best time of day? (e.g., Early morning, Mid-morning, Around noon, Mid-afternoon, Early evening, Late-evening)
8. If you could choose 3 skills to improve, what would they be?
9. What do you think teachers or classmates should do to help you?
10. What do you think your teacher or classmates should stop doing when they are around you?

USE AN AGENDA



NOTE: *Using an agenda during the IEP team meeting helps facilitate keeping everyone on task and working through the decision-making process from beginning to end. Following are some sample agendas that may be utilized. Selection of the form should be based upon the type of meeting and/or the members participating.*

Sample 1: Agenda for IEP Meetings

- ✓ Introductions
- ✓ Clarify purpose of the IEP Meeting
- ✓ Establish time parameters, if any
- ✓ Review Parent Rights (note if decline)
- ✓ Update student information on Information and Eligibility (Form 1)
- ✓ Review of current assessment report(s) from the district
- ✓ Review of current independent assessments, if any
- ✓ Discuss PRESENT LEVELS OF ACADEMIC ACHIEVEMENT & FUNCTIONAL PERFORMANCE, including student strengths and parental concerns (Form 2)
- ✓ Review/determine eligibility for all areas of suspected disability.
 - ✓ For a student who is eligible, continue with all IEP pages
 - Mark Primary (P) and, if appropriate, Secondary (S) on Form 1
 - ✓ If assessed for SLD, complete SPECIFIC LEARNING DISABILITY TEAM DETERMINATION OF DISABILITY (Forms 9A and 9B)
 - ✓ If student is not eligible for special education, IEP should consist of:
 - Information and Eligibility (Form 1)
 - Present Levels (Form 2)
 - Special Factors (Form 4)
 - Services and Educational Setting (Forms 5A and 5B)

- Signature Page (Form 6)
- IEP TEAM MEETING COMMENTS/CONTINUATION PAGE (with PWN when appropriate) (Form 7)
- ✓ Discuss INDIVIDUAL TRANSITION PLAN, at age 15 if student will turn 16 years of age prior to the next IEP and/or if 16 years of age or older (Forms 2A and 2B)
- ✓ Discuss and get consensus on proposed goals and any required objectives (Form 3)
- ✓ Complete SPECIAL FACTORS Page (Form 4)
- ✓ Discuss SERVICES and EDUCATIONAL SETTING as Offer of FAPE (Forms 5A and 5B)
- ✓ Complete EMERGENCY CONDITIONS PROVISIONS PLAN (Form 20)
- ✓ Read IEP TEAM MEETING COMMENTS/CONTINUATION PAGE (with PWN when appropriate) (Form 7)
- ✓ Sign SIGNATURE AND PARENT CONSENT (Form 6)

| |
|---|
| <i>Sample 2: Agenda for IEP Meetings</i> |
|---|

- ☐ Introductions
- ☐ Review Procedural Safeguards
- ☐ Explain Purpose of Meeting
- ☐ Discuss Assessment Results (if applicable)
- ☐ Determine Eligibility (if applicable)
- ☐ Discuss Present Levels, including student strengths and parent concerns
- ☐ Discuss Transition Plan (if 15 years or older)
- ☐ Discuss Goals and Any Required Objectives
- ☐ Discuss Special Factors
- ☐ Discuss Services: Options considered, supplementary aids and services, special education and related services, ESY
- ☐ Discuss Emergency Conditions Provisions Plan
- ☐ Clarify offer of FAPE
- ☐ Read IEP Team Meeting Comments/Continuation Page (with PWN when appropriate)
- ☐ Obtain Signatures and Parent Consent

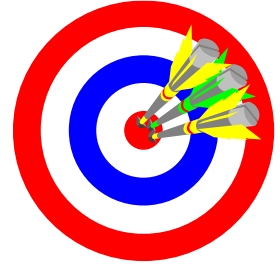
Sample 3: Agenda for IEP Meetings

- A. Introductions
- B. Clarify purpose of meeting and establish parameters
- C. Review Parent Rights and Procedural Safeguards
- D. Update Student demographics on IEP
- E. Review all current assessments
- F. Identify present levels of functioning
- G. Review or determine student's eligibility criteria
- H. Develop transition plan for all students 15 or older
- I. Develop goals and any required objectives
 - 1. If initial IEP, develop goals and any required objectives
 - 2. If review IEP, review prior goals and any objectives and document student's progress toward achievement thereof (e.g., met or not met)
- J. Consider special factors such as assistive technology, low incidence, PE, transportation, English Learner, behavior, participation in State/District wide assessments
- K. Determine supplementary aids and services, accommodations/modifications, and supports for school personnel – For each, include start/end date, frequency, duration and location
- L. Determine special education and related services, and extended school year – For each, include: start/end date, provider, if services will be Individual (I) or Group (G), frequency, location, and duration
- M. Discuss educational setting, percentage of time, rationale, any additional assessments needed, other agency services, promotion criteria, progress reporting, activities to support transition, and graduation plan
- N. Discuss Emergency Conditions Provisions Plan
- O. Read IEP Team Meeting Comments/Continuation (with PWN when appropriate) page notes
- P. Obtain signatures and parent consent

TIPS FOR WRITING IEPs

When considering how to write compliant IEPs, case carriers should pay particular attention to the following so that they can

“Hit the Target – Every Time!”



- ⇒ Provide parents with a copy of the Notice of Procedural Safeguards and Parents' Rights.
- ⇒ Provide the SELPA NOTICE OF MEETING to the parents early enough to ensure opportunity to participate.
- ⇒ Document all attempts to notify the parents of the IEP meeting. If the parent does not participate in the IEP meeting after the third attempt to invite, the IEP meeting may be held, and the SELPA NOTICE of IEP MEETING HELD WITHOUT PARENT(S) PRESENT form sent home with the completed IEP. You must follow up to ensure parental response is received.
- ⇒ Convene the IEP team meeting within legal timelines to allow for timely development of the IEP. Better yet, convene the meeting early to avoid missing the timeline if a team member is unable to attend at the time you schedule. The timeline requirements are:
 - within 60 days of the receipt of the parent's consent to an Assessment Plan
 - within 30 days of an interim placement of a student from outside the SELPA
 - within 365 days of last Plan Review IEP
 - within 30 days of receipt of written parental request
- ⇒ Include **ALL** appropriate staff and other personnel in the IEP Team meeting including: One or both of the pupil's parents, a representative selected by a parent, or both; Not less than one regular education teacher of the pupil, if the pupil is, or may be, participating in the regular education environment; Not less than one special education teacher of the pupil; A representative of the local educational agency; An individual who can interpret the instructional implications of the assessment results; other individuals who have knowledge or special expertise regarding the pupil; Whenever appropriate, the individual with exceptional needs. Team members can “wear multiple hats” – that is, serve in more than one capacity.
- ⇒ Develop the IEP based on a proper evaluation.
- ⇒ Utilize an IEP agenda to ensure **ALL** elements of the IEP are discussed during the IEP meeting.
- ⇒ State how the student's identified disability affects involvement and progress in general curriculum or, for preschoolers, how the disability affects the student's participation in appropriate activities.
- ⇒ Discuss the student's strengths, preferences, and interests.
- ⇒ Allow parents to discuss concerns and address them within the IEP.
- ⇒ Document the student's present levels of academic achievement and functional performance.
- ⇒ Include transition services for students aged 15 and older, focusing on the student's post-secondary goals, needed transition services, and interagency responsibilities.
- ⇒ On or before the student's 17th birthday, explain to the student and parents that rights transfer to the student at the age of majority (18 years of age).
- ⇒ Write measurable annual goals based on state standards for students using the core curriculum.

- ⇒ Write measurable annual goals and short-term objectives/benchmarks for students using an alternative curriculum.
- ⇒ Write measurable annual goals (with or without short-term objectives/benchmarks as appropriate) to address other educational needs.
- ⇒ Notify the parents how the student's progress toward annual goals will be measured and how the parents will be regularly informed of such progress. The reports on progress should be concurrent with the **issuance of report cards**. This is especially important to help keep parents informed on how their child is doing regarding meeting the graduation requirements and/or transition plan. Please see RC SELPA [Guidelines for Grading Students with Disabilities](#).
- ⇒ Consider and document special factors such as need for assistive technology devices and services; low incidence disabilities (visual impairment, deafness, severe orthopedic impairment, deaf/blindness, hard of hearing) services, equipment, or materials; English learner status; type of PE service, transportation and/or behavioral supports.
- ⇒ Describe how the student will be involved in state and district wide assessments, including any designated supports, accommodations and/or modifications (e.g., alternate assessment) to be provided.
- ⇒ Considering least restrictive environment (LRE) requirements, check mark all program options considered.
- ⇒ Determine the supplementary aids, services, program accommodations/modifications, and/or supports to be provided for the student and school personnel; include the start/end date, frequency, duration, and location.
- ⇒ Identify all special education and related services required to provide FAPE, as determined by the IEP Team, even if post-meeting arrangements have to be made to provide the student access to the required service (e.g., individual service agreement with nonpublic school or agency provider). The services must include the start/end date, provider, anticipated frequency, duration, and location.
- ⇒ Identify need for special education and related services during extended school year (ESY).
- ⇒ Provide a clear offer of FAPE **only after** considering the student's present levels, goals, and special factors. Calculate percentage of time outside and within the general education environment and activities, including a rationale and consideration of potential harmful effects. Document services, provider, setting, involvement of other agencies, activities to support transition, and graduation plan.
- ⇒ Address EVERY space or blank on the IEP forms that fully enumerate all the required components of a compliant IEP.
- ⇒ Have all IEP meeting participants sign and obtain consent from parent to implement the IEP.
- ⇒ Communicate the agreed upon IEP to everyone involved in its implementation; including the completion of the PWN when appropriate.
- ⇒ Implement all services included in the IEP in accordance with timelines.
- ⇒ **IEPs must be in effect at the beginning of each school year.** Each public agency shall have an IEP in effect for each child with a disability within its jurisdiction. (34 CFR § 300.342 (a))
 - Do not wait a week (or more) to start services at the beginning of each school year. Services are to be provided to the student immediately at the start of the year.

STRATEGIES FOR CONDUCTING SUCCESSFUL MEETINGS

ORGANIZATION OF THE IEP

The IEP meeting, while allowing time for presentation of assessment data, should concentrate on development of the educational plan. Organization, advance planning, and effective meeting management can assist the team to stay focused on this goal and keep the time required to complete the meeting at a minimum.

The case manager is responsible for much of the IEP meeting organization. This includes activities such as scheduling the meeting; notifying all team members of the scheduled meeting, including the general education teacher; arranging to hold the meeting in a comfortable location; and collecting work samples, completed reports and other required IEP documents from team members prior to the meeting.

Prior to the IEP meeting, the case manager may wish to schedule an informal staffing with all members of the IEP team involved in assessing and/or serving the student. This meeting will allow the team to share assessment data, student progress, and perceptions about the program needs of the student. If team members have differing opinions about what is in the best interest of the student, discuss the issues and, when possible, resolve them at this point.

The case manager is responsible for facilitating the formal IEP team meeting. This includes introducing everyone, establishing rapport, explaining the purpose of the meeting, setting the agenda, and organizing the presentation of data. The information included herein on selecting an IEP Meeting Agenda, tips for writing successful IEPs, and strategies for conducting IEP meetings are useful references.

Whenever the team anticipates that an IEP meeting will be particularly difficult, a special education administrator or other person with authority should be notified. If, in the course of an IEP meeting, unanticipated issues arise that cannot be resolved without further investigation by the IEP Team and/or involvement of a special education administrator or designee, the following actions should be completed:

- Make clear the district's offer of FAPE.
- Let the parents know you would like them to take some time (e.g., a week) to consider the district's offer while you have the opportunity to consider parent's proposal.
- To allow the team the opportunity to consider both proposals, reconvene the meeting in 5-7 days with all appropriate team members.
- Get your calendar out while everyone is there, schedule the follow-up meeting, and document the meeting date within the TEAM MEETING COMMENTS/CONTINUATION with PWN PAGE.
- After determining if the team will accept or refuse a proposed action, PRIOR WRITTEN NOTICE needs to be completed either at the IEP or completed and mailed out within 10 days of the meeting.

CONDUCTING AN IEP MEETING

Preparation

A few minutes of preparation can increase the effectiveness of the meeting. Prior contact with the parent greatly reduces parental anxiety (and your own). Preparation includes the following:

- Establishing the objectives of the meeting;
- Reviewing cumulative data on the student;
- Preparing graphically-presented data;
- Discussing/reviewing case with assessment team members;
- Preparing draft IEP papers; and,
- Recording available assessment data, preparing draft IEP goals and objectives, if required.

Location

The most common and sometimes most productive place to meet with parents is in the case carrier's or general educator's classroom. This has a number of advantages:

- You feel comfortable because you are in familiar surroundings.
- You have immediate access to all necessary files, materials, etc.
- The classroom serves as a reminder of important behaviors a student has displayed.
- It sets the stage that the purpose of the meeting is the student's education.

If a classroom is not available, find a location that is well lit and ventilated, with enough seating and space to facilitate completion of the forms. Confirm the location of the meeting with team members and the front office staff prior to the parents arriving for the meeting.

Seating

Arrange the seating so that team members and parents have a clear view of each other. Seat the person recording notes near the parents so they can see what is being written. Ensure enough seats are out for all participants. Avoid sitting behind a desk as that immediately separates staff members and the parent(s).

Introductions/Overview

Introductions and an overview are important to provide the working framework for the meeting.

- Start the meeting with a statement of the purpose of the meeting and desired outcomes.
- Review the approximate length of the meeting, as noted on the NOTICE OF MEETING, and discuss any time constraints.
- Team members introduce themselves, tell their role and describe the degree of contact they have had with the student being discussed.
- The chairperson briefly reviews the format of the meeting.
- The chairperson provides background on the student.
- Remind the parents that their input is essential.

Organization

Present material in an orderly fashion so that the participants know when they are expected to speak. Organization helps make the meeting proceed in a timely, efficient, and professional manner.

- The chairperson needs to facilitate the meeting, following the meeting format but without unnecessary rigidity.
- The chairperson is the overseer of the meeting, preventing personal attacks, keeping the group focused on the agenda, watching the time, stopping filibusters, reading body language, etc.

Sharing Information

The chairperson generally introduces each performance area and then turns it over to the appropriate specialist. The following are some suggestions for presenting material:

- Approach the parents in a non-threatening manner.
- Show interest in the student.
- Solicit input from the parents.
- Start with the student's strengths, preferences, and/or interests.
- Show respect for the parent's opinion.
- Remember the purpose of interacting with the parents is to facilitate the student's success.
- Avoid being an authoritarian.
- Speak in a "layperson's" vocabulary.
- Avoid the use of educational jargon - use language that is comprehensible. Watch out for test names (WJ-III, PIAT, WISC-IV), phrases (auditory discrimination, spatial organization), statistical terms (standard deviation, G.E., stanine, C.A.), and class types (LH, SH, SDC).
- Avoid using exact grade equivalents in reporting test scores; percentile scores, if properly explained, are often the least misinterpreted.
- Graphic presentations of assessment findings are helpful; if not possible, some description of the test items would suffice.
- Be prepared to discuss concrete expectations for the "average" student in the various academic areas; contrast "average" with the student's work samples as a basis for discussion. This is best presented with input by the general education teacher.
- Avoid the use of simple, non-descriptive generalizations (e.g., "He's made so much progress") and instead provide concrete examples of progress (e.g., "At the beginning of the year, he could do and now he can do.....").
- Be positive! If the student has not made progress, do NOT put the blame on the student; explain to the parent that you must modify the program until you figure out the best way to teach him/her.
- Be alert to non-verbal body language.

Conclusion

At the ending of the meeting, summarize the data presented and how it relates to the purpose of the meeting. Go back through the agenda to ensure that each area has been addressed and recorded succinctly:

- Eligibility and impact of disability
- Present levels of performance
- Transition plan (for age 15 and above)
- Annual goals (and benchmarks if required)
- Special factors (assistive technology, transportation, type of PE, low incidence, English Learner, behavior, participation in State/District wide assessments)
- Services (options considered: supplementary aids, accommodations/modifications, supports for school personnel, special education and related services, extended school year)
- Educational setting, including a clear offer of FAPE
- Review IEP team meeting comments/continuation (with PWN when appropriate) notes
- Obtain signatures and parental consent
- Distribute copies of the IEP to the parents and all service providers
- Thank everyone for his or her participation

Section III: Completing the Core IEP Forms



NOTE: This section explains in detail how to complete the following core IEP forms:

| | |
|---------|---|
| Form 1 | Information/Eligibility |
| Form 2 | Present Levels of Performance |
| Form 2A | Individual Transition Plan |
| Form 2B | Individual Transition Plan |
| Form 3A | Annual Goals |
| Form 3B | Annual Goals and Objectives |
| Form 4 | Special Factors |
| Form 5A | Services |
| Form 5B | Educational Setting |
| Form 6 | Signature and Parent Consent |
| Form 7 | IEP Team Meeting Comments/Continuation with Prior Written Notice Page |
| Form 8 | IEP Team Amendments |
| Form 9 | Team Determination of Specific Learning Disability |
| Form 11 | Assessment Plan and Prior Written Notice |
| Form 18 | Prior Written Notice |
| Form 20 | Emergency Conditions Provisions Plan |

INFORMATION/ELIGIBILITY



NOTE: Items above the solid line may be completed prior to the meeting, based on information contained in the student information system.

| | | |
|---------------------------|---------------------|----------------------------------|
| Student Legal Name: _____ | Legal Suffix: _____ | IEP Meeting Date: ____/____/____ |
|---------------------------|---------------------|----------------------------------|

Student Legal Name: Enter student's legal last name and first name and Suffix, as appropriate. Student's preferred name may be included in the correct field in the student record of SEIS but will not appear on the IEP.

IEP Meeting Date: Enter date IEP meeting is being held.

| | |
|---|--|
| Next Annual Plan Review: ____/____/____ | Original SpEd Entry Date: ____/____/____ |
|---|--|

Next Annual Plan Review: Enter the next IEP date (this date is one year from the date of the annual Plan Review IEP in most cases).

- SEIS will automatically calculate this date for you if the meeting purpose of the IEP is Initial, Plan Review, or Eligibility Eval. To do this, make sure to enter the correct IEP meeting date, and to mark all the meeting purposes that apply. Eligibility Eval IEPs must also be marked as Plan Review to calculate the Next Plan Review date. Click on the "Calculate Next Dates" link. DO NOT click the link if you wish to enter these dates yourself.
- This date is automatically calculated as one year minus one day (5/15/15 – 5/14/16). If you wish to change this date to exactly one year after the Last Plan Review, click on the "Calculate Next Dates," then click the date field to select the date preferred. The calendar will automatically open to the correct month and year once SEIS has calculated the date.

Original SpEd Entry Date: Enter the date the IEP team and ed right's holder agree the student is eligible to receive special education services (The date the Ed Rights holder signs consent to the IEP), including IFSP (0-3 infant services). **This date will never change**, even if the student exits special education and reenters with a new initial IEP. This date cannot be changed in the Future IEP of SEIS. Accessing this field must be done via the student record.

| | | |
|----------------------------------|----------------------------------|--|
| Last Eligibility Eval: / / | Next Eligibility Eval: / / | Initiation of this IEP Date: / / |
|----------------------------------|----------------------------------|--|

Last Eligibility Eval: Enter the date of the most recently completed comprehensive assessment to determine or re-determine eligibility for special education and related services (initial IEP date or Eligibility Eval).

- SEIS will automatically calculate this date for you if the reason for the IEP is Initial or Eligibility Eval. To do this, make sure to enter the correct IEP meeting date, and to mark all the meeting purposes that apply. Click on the "Calculate Last Dates" link. DO NOT click the link if you wish to enter these dates yourself.
- If the reason for the IEP meeting is anything other than an Initial or Eligibility Eval, the dates in the Last Eligibility Eval field would not change in order to reflect the last complete assessment held.



SEIS NOTE: If the IEP meeting purpose is an Initial or Eligibility Eval, the Last Eligibility Eval is the one being held, not the one held previously. The Last Eligibility Eval date will carry forward with the IEP document for the three years until the next assessment is completed. For example, two years after the Initial or Eligibility Eval IEP meeting is held, the Last eligibility Eval date will reflect the date the last Initial or Eligibility Eval IEP was held (2 years ago).

Next Eligibility Eval: Enter the date when the next Eligibility Eval evaluation is due; three years from the date listed in "Last Eligibility Eval".

- SEIS will automatically calculate this date for you if the meeting purpose of the IEP is Initial or Eligibility Eval. To do this, make sure to enter the correct IEP meeting date, and to mark all the meeting purposes that apply. Click on the "Calculate Next Dates" link. DO NOT click the link if you wish to enter these dates yourself.
- This date is automatically calculated as three years minus one day (5/15/15 – 5/14/18). If you wish to change this date to exactly three years after the Last Eval, click on the "Calculate Next Dates," then click the date field to select the date preferred. The calendar will automatically open to the correct month and year once SEIS has calculated the date.

Initiation of This IEP Date: Enter the date when the IEP goals and services will be initiated as written on this IEP. This may not be the same the date as the actual IEP meeting.

| | | | |
|---|--|--|-----------------------------------|
| Meeting Type: | | | |
| <input type="checkbox"/> Initial | <input type="checkbox"/> Plan Review (Formally Annual) | <input type="checkbox"/> Eligibility Evaluation (Formally Triennial) | (Must Select at Least One) |
| Additional Purpose of meeting (If needed): | | | |
| <input type="checkbox"/> Transition Planning | <input type="checkbox"/> Manifestation Determination | | |
| <input type="checkbox"/> Interim | <input type="checkbox"/> Possible Change of Placement/Services | <input type="checkbox"/> Other _____ | |

Meeting Type: Must select at Least one type of meeting (Initial, Plan Review, Eligibility eval) (Check all that apply).

- **Initial** means the first IEP meeting to determine if a student meets eligibility requirements for special education services and determine appropriate services to meet the student's educational needs.



NOTE: If a student has exited from special education as “Returned to regular education due to no longer eligible for special education or successful completion of IEP/IFSP/ISP” (CALPADS Exit Code 700) or “Parent withdrawal/self withdrawal if over 18” including Parent revocation of consent (CALPADS Exit Code 78), and rights holder want them assessed again for special education, this would also be considered an Initial Eval/ IEP. However, the Original SpEd Entry Date will stay the same as when the student first started with Special education services. This date will never change.



NOTE: If an Initial IEP is selected as the meeting type, you cannot also select either Plan Review or Eligibility Eval. An Initial IEP is ALWAYS a standalone meeting and can never be combined with a Plan Review or Eligibility Eval meeting.

If Eligibility Eval is being selected, Plan Review must also ALWAYS be selected. An Eligibility Eval IEP discusses a student’s continued eligibility for Special Education while a Plan Review IEP discusses the present levels, goals, and services that derive from evaluation results.

These restrictions refer only to the three meeting types. If additional purposes of meeting are appropriate, they may be checked.

- **Plan Review (Formerly Annual)** means a yearly meeting that is held for a student in order to review the student’s program and progress and to write a new IEP for the upcoming year; this meeting must be held within 365 days from the last complete IEP meeting.
- **Eligibility Evaluation (Formerly Triennial)** means a meeting to review the results of the three-year assessment and develop a new IEP (please ensure that the “Plan Review” box is also marked).

Additional Purpose of Meeting: Select additional purpose (If needed)

- **Transition Planning must be marked** anytime there is a required meeting, for the purpose of discussing transition, such as to discuss transition services provided to students at age 16 and older and when a student is transitioning from Preschool to Transitional Kindergarten, Kindergarten, or 1st grade (if student did not participate in Kindergarten) to document the REQUIRED transition meeting.
 - **Transition planning may also be marked** for transition from infant to preschool, elementary to middle, middle to high school, high school to transition placements, from public school setting to NPS or reverse, etc.
- **Manifestation Determination** means an IEP meeting that is being held as part of the discipline procedures when a student reaches 10 or more days of suspension and/or is being considered for the expulsion process.



NOTE: There are special forms for this process!

- **Interim** means a 30-day review of the student’s goals and services when the child has an IEP and transfers into a district from another district outside the SELPA.
- **Possible Change of Placement/Services** means an IEP meeting in which the IEP team will discuss possibly changing the location, type, or the amount of special education services the student receives.

| | | | |
|---|---|-------------|--|
| Birthdate: __/__/__ | Age: ____ | Grade: ____ | |
| Native Language: ____ | English Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reclassified <input type="checkbox"/> English Learner-Undesignated (Preschool) | | |
| Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No | Translation Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Student ID: _____ | SSID #: _____ | | |

Birthdate: Enter the exact birthdate (Month/Day/Year).

Age: Enter the age of the student at the time of the IEP meeting.

Grade: Enter the appropriate grade designation for the student at the time of the IEP meeting.

Native Language: Identify the student's home language or birth language.

English Learner: Check if the student is an English Learner or has been reclassified. **NOTE**: For pre-k you indicate "NO" for the English Learner field until the child is assessed with the mandated English Language Proficiency (ELP) test in Kindergarten.



NOTE: When a student is Reclassified as RFEP (Reclassified Fluent English Proficient), they are no longer considered an English Learner. English Learner should indicate NO.

English Learner- Undesignated (Preschool): Check if the student is in preschool and appears to be an English learner but is UNDESIGNATED until officially assessed in Kindergarten.

Interpreter: Check if an interpreter is utilized during the IEP meeting.

Translation Requested: Check if the student's parent requests this IEP be translated into the family's native language.

Student ID: Record the student identification number utilized in the district's Student Information System.

Student SSID: Record the SSID (formerly CSIS) number assigned by the State through CALPADS that is the student's state identifying number. Each student must have a SSID.

| | | | |
|---|-------------------------------------|----------------------------------|-------------|
| Primary Residency: <input type="checkbox"/> Parent/Guardian | Foster #: ____ | LCI #: ____ | Residential |
| <input type="checkbox"/> Incarcerated Facility | <input type="checkbox"/> Other ____ | Educational Rights Held by: ____ | |

Primary Residency: Indicate the student's residential status [who the student lives with]. If foster or a licensed children's institution (LCI), enter state identification number for facility. If placed residentially by an IEP team determination, indicate in the box. If incarcerated, indicate.

In the "other" box, it may be appropriate to indicate:

- Hospital: A public hospital, state-licensed children's hospital, psychiatric hospital, proprietary hospital, or a health facility for medical purposes
- State Hospital: A state hospital is a residential facility operated by the California Department of Mental Health (DMH). This is not the same as Residential School/Dormitory, Health Institution, or Development Center.
- Developmental Center: A residential facility providing services to individuals who have been determined by the Department of Developmental Service (DDS) regional centers to require programs, training, care, treatment, and supervision in a structured health facility setting on a 24-hour basis. This is not the same as Residential School/Dormitory, Health Institution, or State Hospital.
- Other: The residential status is known but does not fit any of the defined categories.

Educational Rights: Identify the person who is able to make educational decisions and provide consent to the IEP on behalf of the student.



SEIS NOTE: Within SEIS the name and/or license number of the facility needs to be populated in the blank field below the Residency field. Additionally, the name of the Ed Rights holder could be populated below the Ed Rights field.

| | |
|------------------------|---------------------------|
| Parent/Guardian: _____ | Home Phone: () _____ |
| Home Address: _____ | Work Phone: () _____ |
| City/State/Zip: _____ | Cell Phone: () _____ |
| | Email Address: _____ |

Parent/Guardian Information: Enter the contact information for the parent/guardian.



NOTE: If the student resides in an out of home placement, put the student's current address in the second section and the parent's contact information in the first.

| | |
|---|-------------------------|
| District of Special Education Accountability: _____ | Residence School: _____ |
|---|-------------------------|

District of Special Education Accountability: Enter the student's District of Special Education Accountability. (Formerly known as District of Residence). The District of Special Education Accountability (DSEA) for a student with an IEP is defined to be either of the following:

- The District of GEOGRAPHIC residence, if any of the following conditions apply:
 - The student's parents or guardians reside in the same district in which the student is receiving special education instruction and related services
 - The student is placed outside his/her district of geographic residence through the IEP process.

OR

- A district OTHER THAN the district of geographic residence, if any of the following conditions apply:
 - The student has a formal inter-district transfer agreement under EC 63600. (The DSEA = the county/district code of the district to which the student has transferred.)
 - The student attends a charter school. (The DSEA = the school code of the charter.)
 - The student is a ward of the court and housed in a juvenile court, court/community school, or licensed children's institution. (The DSEA = the county/district code of the district or COE serving the student while the student is incarcerated or institutionalized.)
 - The student is a ward of the court and housed in an adult correctional facility (e.g., a county jail.) (The DSEA = the county/district code of the district that was last responsible for the student's IEP.)

Residence School: Enter the student's neighborhood school (home school).

| | | | |
|---|---|---|---|
| Ethnicity: (Select One) | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Intentionally Left Blank |
| Race: (Enter Code; must select one or more, regardless of Ethnicity) 1. _____ 2. _____ 3. _____ 4. _____ | | | |

Ethnicity: Indicate if the student is either Hispanic or Latino, not Hispanic or Latino or if the ethnicity was intentionally left blank.

Race: Use the list below to indicate the appropriate race. Note: Only three race codes can be listed.

| | | |
|---------------------|-------------------------------|----------------------------|
| 100 American Indian | 201 Chinese | 202 Japanese |
| 203 Korean | 204 Vietnamese | 205 Asian Indian |
| 206 Laotian | 207 Cambodian | 208 Hmong |
| 299 Other Asian | 301 Hawaiian | 302 Guamanian |
| 303 Samoan | 304 Tahitian | 399 Other Pacific Islander |
| 400 Filipino | 600 Black or African American | 700 White |
| | 900 Intentionally left blank | |

INDICATE DISABILITY/IES (P = Primary, S = Secondary) Note: For Initial and Eligibility Eval IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

| | | | | |
|--|----------------|------------------|--------------------------------------|----------------|
| _____ 210 ID | _____ 220 HH * | _____ 230 Deaf * | _____ 240 SLI | _____ 250 VI * |
| _____ 260 ED | _____ 270 OI* | _____ 280 OHI | _____ 290 SLD | _____ 300 DB * |
| _____ 310 MD | _____ 320 AUT | _____ 330 TBI | _____ 281 Est. Med. Dis. (3-4 years) | |
| * Low Incidence Disability | | | | |
| _____ Not Eligible for Special Education _____ Exiting from Sp. ED. (returned to reg. ed/no longer eligible) | | | | |

Disability: Mark primary disability with "P" and any and all secondary disabilities with "S". The primary disability should be the one that has the most significant impact on the student's ability to access the general education environment.



NOTE: For funding purposes, low incidence disabilities marked as primary or secondary will generate low incidence funding.



NOTE: For those students listed as Established Medical Disabilities, the age range is between 3 and 5 years.



NOTE: If team determines student has a specific learning disability, complete TEAM DETERMINATION OF SPECIFIC LEARNING DISABILITY form. The evaluation team members sign the form as appropriate.



NOTE: If student is not eligible or no longer eligible for special education:

- Document reason for decision and list options to address student's educational needs on IEP TEAM MEETING COMMENTS/CONTINUATION with PWN PAGE.
- IEP team members sign as appropriate on the SIGNATURE AND PARENT CONSENT page.
- If parent(s) do not agree that the child is not eligible for special education services, note their concerns, discuss options for resolving their concerns, and review NOTICE OF PROCEDURAL SAFEGUARDS AND PARENTS' RIGHTS.

Describe how student's disability affects involvement and progress in the general curriculum (or for preschoolers, participation in appropriate activities) _____

How Disability Affects Educational Performance: Write a statement which describes the disability **and** its impact, i.e., "auditory processing deficits adversely impact the student's ability to focus on oral directions and instruction within the general education curriculum without support"; "significant speech and language deficits interfere with the student's ability to

communicate and interact with other students in the preschool setting.” This field shall be addressed at each IEP meeting. This is NOT a static field.

For IEP Initial Placements Only

Date of initial referral for special education services: ____ / ____ / ____

Person initiating the referral for special education service: ____

Date assessment plan was provided to parent: ____ / ____ / ____

Date District Received Parent Consent: ____ / ____ / ____

Date of initial meeting to determine eligibility: ____ / ____ / ____



NOTE: Documentation of other interventions (e.g., completed Student Success Team forms; Rtl progress monitoring sheets) should be included in the special education pupil record when available.

Date of Initial Referral for Special Education Services: Enter the date of the initial referral to assess and determine eligibility for special education services (ages 0-22). FROM STATE: (ages 3-22). Note: This date can change if a student is found eligible, then exits, and then is re-assessed and found eligible again.

Person Initiating the Referral: Identify the person initiating the referral: Parent, Teacher, SST, Other School/District Personnel, Other.

Date Assessment Plan was Provided to Parent: Indicate the date that the LEA provided the parent with the assessment plan.

Date District Received Parent Consent: Enter the date the LEA received signed parental consent for initial evaluation.

Date of Initial Meeting to Determine Eligibility: Enter the date of IEP Team meeting to review initial evaluation and determine eligibility for special education. If a student exits special education and is assessed and found eligible again, use the most recent initial evaluation date. If a student is moving from an IFSP to an IEP, the IEP date is the date of the initial IEP.



Educational Benefit Reminders:

- *Is all information complete and correct?*
- *Are all dates accurate and complete?*
- *Are the IEP and evaluation dates accurately recorded?*
- *Is the demographic information accurate?*
- *Is the purpose for the meeting identified and clearly defined?*
- *Does the form appropriately identify whether the child has a disability and how the disability affects involvement and progress in the general curriculum?*
- *For initial IEPs, are the initial placement questions answered?*
- *Is ethnicity and race properly identified, matches CALPADS and accurately completed?*

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE



NOTE: If the forms are completed on the web-based IEP system, the student's name, IEP date, and Page ____ of ____ will automatically fill in. If the forms are handwritten, be sure to complete this information on the top of every page.



NOTE: Except for the “Concerns of Parent section”, a draft of this portion of the IEP may be prepared prior to the meeting. Each section should be discussed at the meeting and changes made as appropriate based on input by members of the IEP team.

Strengths/Preferences/Interests: _____

Strengths, Preferences, and Interests: Identify student’s strengths/preferences/interests.

Concerns of parent relevant to educational progress: _____

Parent Concerns: Record information provided by the parent at the IEP Team meeting.

| | | | | | |
|--|---|--|-----------------------------------|---|--------------------------|
| Name: _____ | | Birthdate: ____ / ____ / ____ | | IEP Meeting Date: ____ / ____ / ____ | |
| Strengths/Preferences/Interests: _____ | | | | | |
| Concerns of parent relevant to educational progress: _____ | | | | | |
| ASSESSMENT | ASSESSMENT | RESULTS OF ASSESSMENT | | | |
| SBAC | Smarter Balanced Assessment Consortium | Standard Exceeded | Standard Met | Standard Nearly Met | Standard Not Met |
| | English/Language Arts Overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Not Applicable | | Above Standard | Near Standard | Below Standard | |
| | Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Speaking and Listening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Research/Inquiry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| SBAC | Smarter Balanced Assessment Consortium | Standard Exceeded | Standard Met | Standard Nearly Met | Standard Not Met |
| | Mathematics Overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Not Applicable | | Above Standard | Near Standard | Below Standard | |
| | Concepts and Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Problem Solving/Modeling and Data Analysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Communicating Reasoning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAA | California Alternate Assessments | Understanding | Foundational Understanding | Limited Understanding | |
| <input type="checkbox"/> Not Applicable | English/Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| English Language Development Test (English Learners Only) | | Not Applicable <input type="checkbox"/> | | | |
| ELPAC <input type="checkbox"/> | English Language Proficiency Assessments for California | | | | |
| | Overall Score ____ Overall Performance Level: ____ Oral Language Score/Level: ____ Written Language Score /Level ____ | | | | |
| | Listening ____ Speaking ____ Reading ____ Writing ____ | | | | |
| | Alternate Assessment ____ | | | | |
| | Overall Score/Level ____ Listening ____ Speaking ____ Reading ____ Writing ____ | | | | |
| Physical Education Testing (Grades 5, 7 & 9) | | | | | |
| Other Assessment Data (e.g., curriculum assessment, other district assessment, etc.): _____ | | | | | |
| Hearing | ____ / ____ / ____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Parent permission denied <input type="checkbox"/> Other/comments: _____ | | | | |
| Vision | ____ / ____ / ____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Parent permission denied <input type="checkbox"/> Other/comments: _____ | | | | |

Results of Assessments: Scores reflecting the student’s performance on state, district wide and other assessments may be gathered prior to the meeting. Review results of the most recent assessments including, as appropriate:

- Smarter Balanced Assessment Consortium (SBAC): Check box indicating performance levels
- Alternate Assessment: Check box indicating performance levels

- English Language Proficiency Assessment for California (EPIC): Type in scores. For overall score, indicate level of student/score. (ELPAC scores will be narrative (Beginning, Somewhat/Moderately, Well Developed), with a number for Overall)
- If taking an alternate to the ELPAC, indicate name of alternate assessment in box.
- Physical Education Testing: For grades 5, 7 and 9 only, type in performance level.

Other Assessment Data: Include results of district wide and/or individually administered assessments. For preschoolers include DRDP results.

Hearing and Vision Screenings: Document the date of the screening. Best practice is that this date should align with the results from either the initial evaluation, last Eligibility Eval, or mandated grade level screening by the school. Mark the appropriate box denoting if the student passed or failed, if the parent denied permission or "Other" and indicate the reason. Add comments if needed.

Progress on each Prior Goal from IEP dated / / .

Progress on Prior Goals from IEP Dated: Indicate the date of the IEP from which progress on goals is being reported.

| GOAL # | ANNUAL GOAL AREA | PROGRESS TOWARD MEETING ANNUAL GOAL | | |
|--------|------------------|-------------------------------------|--------------------------|--------------------------|
| | | Met | Partially Met | Not Met |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Goal #: Indicate the number of the annual goal.

Annual Goal Area: List the annual goal area (i.e., reading, math, etc.) based on the prior goals.

Progress Toward Meeting Annual Goal: Indicate the level of progress toward goal by checking the appropriate box (Met, Partially Met or Not Met). Met means goal has been met in all areas, Partially Met means goal has been met in some of the areas, Not Met means the goal has not been met in any of the areas.

More extensive conversation and documentation regarding progress on prior goals may occur on the Goals page of the IEP. Please see Goals page for more information.



SEIS Note: In SEIS when entering each goal, please note the goals will naturally print in the order they have been entered, NOT by the order of the goal number listed. If you wish to change the order the goals print in, use the plus sign on the goal to "drag and drop" each goal into the position you want them to print in. The order they appear on the page when you are done is the order they will print in.

If goal is not met and discontinued, please explain WHY:

If Goal is Not Met and Discontinued, Please Explain WHY: Explain in writing the reasons why the team has agreed to discontinue a goal(s) that was not met.

Developmental/Academic/Functional Skills:

Reading: _____ Writing: _____ Math: _____

Developmental/Academic/Functional Skills: In the areas of Reading, Writing and Math summarize the developmental, academic and/or functional skills, including the student's performance in the classroom, levels of mastery of the California content standards, progress in the curriculum, etc. Pre-academic and functional skills should address the student's development of readiness concepts for continued academic progress in the general education curriculum, as appropriate.

Communication Development: _____

Communication: For a student with an identified need in communication, describe the student's articulation, voice, fluency, and/or language needs.

Gross/Fine Motor Development: _____

Gross/Fine Motor Development: For a student who has been identified with motor development concerns, describe his or her specific skills and/or needs.

Social/Emotional/Behavioral: _____

Social/Emotional/Behavioral: Describe the student's social/emotional/behavioral strengths and/or needs.

Health: _____

Health: Describe pertinent medical information that relates to the student's educational progress including dosages of medications and diagnosis.

Vocational: _____

Vocational: Include strengths, interests, and needs related to pre-vocational/vocational skills. Address traits such as work habits, initiative, completion of classroom or school site jobs, etc.

Adaptive/Daily Living Skills: _____

Adaptive/Daily Living Skills: For a student with needs in self-help, specify skills such as dressing, toileting, feeding, etc.

Areas of necessity explained in terms of goals and objectives in order that student receives educational benefits:

Areas of Need: Indicate areas of educational need that have been identified by the IEP Team based on assessments and present levels of development, academic achievement, and/or functional performance.



NOTE: For every identified area of need there must be a goal, special factor, and/or supplementary aid or service identified.



Educational Benefit Reminder:

- Are all sections of the Present Levels of Academic Achievement and Functional Performance addressed, including all needs identified in the assessment(s)?
- Are the student's strengths, preferences, and interests clearly identified?
- Are the concerns of the parent identified?
- Does the information recorded clearly reflect the student's current performance in the educational setting?

INDIVIDUAL TRANSITION PLAN (ITP)



NOTE: This form must be completed in time to be in effect when the student reaches 16 years of age (i.e., at the plan review or via an amendment before the student's 16th birthday). The law does not require an ITP before age 16. However, if one is developed, the required steps must be followed.

If the student is younger than age 16 and consideration of transition is not appropriate, skip the transition section of the IEP.

Describe how the student participated in the process: ☐ Present ☐ Interview ☐ Inventory ☐ Questionnaire

How Student Participated in the Process: Mark how the student participated in the process, including how the student's interests were determined.

Results of age-appropriate transition assessments: _____

Results of Age-Appropriate Transition Assessments: Record the transition assessment information/results used to identify the student's preferences and interests for transition planning as they relate to his/her post-secondary goals. These are what the student plans on doing upon graduation/completing school. The gap between the results of the transition assessment and the student's interests is the basis for the post-secondary goals.

| Student's Post Secondary Goals: | |
|--|--|
| <input type="checkbox"/> 200 Training OR <input type="checkbox"/> 300 Education (Required) | Transition Service (See 800 Codes) |
| Upon graduation I will | |
| | Activities to Support Transition Service |
| Linked to Annual Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Tran. Goal # _____ | |
| Person/Agency Responsible: | |
| 400 Employment (Required) | Transition Service (See 800 Codes) |
| Upon graduation I will | |
| | Activities to Support Transition Service |
| Linked to Annual Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Tran. Goal # _____ | |
| Person/Agency Responsible: | |
| 500 Independent Living (As Appropriate) | Transition Service (See 800 Codes) |
| (e.g. Post School Living Objectives, Acquiring Daily Living Skills) | |
| Upon graduation I will | |
| | Activities to Support Transition Service |
| Linked to Annual Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Tran. Goal # _____ | |
| Person/Agency Responsible: | |
| 500 Community Experiences (As Appropriate) | Transition Service (See 800 Codes) |
| Upon graduation I will | |
| | Activities to Support Transition Service |
| Linked to Annual Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Tran. Goal # _____ | |
| Person/Agency Responsible: | |
| <input type="checkbox"/> 900 Related Services <input type="checkbox"/> 900 Other (As Appropriate) | Transition Service (See 800 Codes) |
| (e.g., Related Services, Functional Vocational Evaluation) | |
| Upon Graduation I will | |
| | Activities to Support Transition Service |
| Linked to Annual Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Tran. Goal # _____ | |
| Person/Agency Responsible: | |



NOTE: For every student there must be goals addressed in either Training or Education and Employment.

Student's Postsecondary Goals: Document what the student plans on doing upon exiting school (post-secondary goals) in the required areas of training **or** education **and** employment. In addition, the team should review community experiences **and** related services, and as appropriate, independent living. The post-secondary goals will be based on the results of age-

appropriate transition assessments and the student's desired outcomes. Identify the specific areas of need to be addressed within the next year to assist the student in meeting his/her post-secondary goals. Indicate if the area is linked to an annual goal and the goal number. Select the Transition Services, (See 800 codes). Identify who [position] will be responsible for ITP goals and services – These cannot be delegated to the parent.

Per Office of Administrative Hearings, transition plans must delineate the "actions" the school will take. Use the Transition activities to support services to identify strategies that will be employed to help the student achieve his/her desired outcomes.

TRANSITION SERVICES (800 CODES) / ACTIVITIES

| Code | Service | Description |
|-------------|--|---|
| 820 | College Awareness Prep | The result of acts that promote and increase student learning about higher education opportunities, information and options that are available including, but not limited to, career planning, course prerequisites, admission eligibility and financial aid. |
| 830 | Vocational assessment, counseling, guidance, and career assessment | Organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment and may include provision for work experience, job coaching, development and/or placement, and situational assessment. This includes career counseling to assist student in assessing his/her aptitudes, abilities, and interests in order to make realistic career decisions. |
| 840 | Career Awareness | Transition services include a provision in paragraph (1)(c)(vi), self-advocacy, career planning, and career guidance. There is a need for coordination between this provision and the Perkins Act to ensure that students with disabilities in middle schools will be able to access vocational education funds. |
| 850 | Work experience education | Work experience education means organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree. |
| 855 | Job Coaching | Job coaching is a service that provides assistance and guidance to an employee who may be experiencing difficulty with one or more aspects of the daily job tasks and functions. The service is provided by a job coach who is highly successful, skilled and trained on the job, who can determine how the employee that is experiencing difficulty learns best and formulate a training plan to improve job performance. |
| 860 | Mentoring | Mentoring is a sustained coaching relationship between a student and teacher through on-going involvement and offers support, guidance, encouragement and assistance as the learner encounters challenges with respect to a particular area such as acquisition of job skills. Mentoring can be either formal as in planned, structured instruction or informal contacts that occur naturally through friendship, counseling and collegiality in a casual, unplanned way. |
| 865 | Agency Linkages (referral and placement) | Service coordination and case management that facilitates the linkage of individualized education programs between agencies. |
| 870 | Travel Training (includes mobility training) | Orientation and mobility services-- (i) Means services provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community. |

| | | |
|-----|---------------------------|---|
| 890 | Other transition services | These services may include program coordination, case management and meetings, and crafting linkages between schools and between schools and post-secondary agencies. |
|-----|---------------------------|---|

CDE examples of possible activities to support transition services are listed below:

Activities to Support Transition Services available under Training/Education:

- Arrange student participation in community-based training program
- Assist student to attend college fair at vocational/technical school
- Assist student to attend college visitation sessions in guidance office
- Assist student to attend post-secondary options workshop
- Assist student to attend transition fair
- Assist student to complete application for admission to program of choice
- Assist student to complete financial aid forms
- Assist student to determine a major or program of study
- Assist the student to prepare/study for SAT
- Assist student to register for college prep classes
- Assist student to register for SAT with accommodations
- Assist student to take ASVAB
- Assist the student to participate in a CPR course

Activities to Support Transition Services available under Employment:

- Arrange participation in (two) non-paid job try-outs
- Arrange student participation in community-based training program
- Assist student to arrange a visit/tour (two) of job sites
- Assist student to arrange an interview with an employer in chosen field
- Assist student to arrange to meet with military recruiters
- Assist student to arrange visit with local CareerLink office
- Assist student to attend post-secondary options workshop
- Assist student to attend transition fair
- Assist student to develop basic computer skills needed for employment
- Assist student to develop their resume
- Assist student to develop work awareness skills
- Assist student to develop work-related behaviors
- Assist student to develop work-related social skills
- Assist student to meet with guidance counselor to discuss career goals
- Assist student to participate in (two) job shadow experiences
- Assist student to take ASVAB
- Assist student 's examination of own strengths and interests related to employment
- Develop student's ability to use classified ads to locate jobs of interest
- Develop the student's completion of job applications
- Develop the student's job search skills
- Provide opportunities for mock job interview
- Review job shadow experience(s) after completion with student
- Assist student to arrange visit to sheltered workshop

Activities to Support Transition Services available under Independent Living:

- Arrange a visit to a bank
- Arrange for student to visit local library
- Arrange student participation in community-based training program
- Arrange student visit to supervised apartment
- Arrange student visit to supported apartment

- Arrange visit to a courtroom to observe jury process
- Assist student in obtaining driver's license
- Assist student to apply for housing at college of choice
- Assist student to apply for supported housing through Inland Regional Center Services
- Assist student to attend post-secondary options workshop
- Assist student to attend transition fair
- Assist student to become eligible for SSI/SSDI
- Assist student to call local YMCA to inquire about programs and costs
- Assist student to contact orgs. providing recreational activities for adults with disabilities
- Assist student to develop a personal budget
- Assist student to develop basic home maintenance skills
- Assist student to develop basic housekeeping skills
- Assist student to explore community opportunities for music (art) activities
- Assist student to find a family doctor, dentist
- Assist student to identify (three) local recreation opportunities
- Assist student to identify opportunities for volunteer activities
- Assist student to identify sources of information regarding local resources
- Assist student to join church choir
- Assist student to join youth group
- Assist student to obtain Identification Card
- Assist student to participate in Special Olympics
- Assist student to utilize public transportation
- Assist the student to become a manager of a team
- Assist the student to call peer to arrange social activity
- Assist the student to open a checking account
- Assist the student to select and participate in a school club
- Develop conflict resolution skills
- Instruct student to review a sample lease
- Teach student how to pay bills
- Teach student to apply for a library card
- Teach student to discuss legal rights and responsibilities of citizenship
- Teach student to make grocery list
- Teach student to shop for purchases
- Teach student to use telephone and telephone book
- Teach student to utilize newspaper for information and enjoyment
- Teach the student to use newspaper to find current movies

Activities to Support Transition Services available under Community Experiences:

- Arrange a visit to a bank
- Arrange for student to visit local library
- Arrange student participation in community-based training program
- Arrange student visit to supervised apartment
- Arrange student visit to supported apartment
- Arrange visit to a courtroom to observe jury process
- Assist student in obtaining driver's license
- Assist student to apply for housing at college of choice
- Assist student to apply for supported housing through Inland Regional Center Services
- Assist student to attend post-secondary options workshop
- Assist student to attend transition fair
- Assist student to become eligible for SSI/SSDI
- Assist student to call local YMCA to inquire about programs and costs
- Assist student to contact orgs. providing recreational activities for adults with disabilities

- Assist student to develop a personal budget
- Assist student to develop basic home maintenance skills
- Assist student to develop basic housekeeping skills
- Assist student to explore community opportunities for music (art) activities
- Assist student to find a family doctor, dentist
- Assist student to identify (three) local recreation opportunities
- Assist student to identify opportunities for volunteer activities
- Assist student to identify sources of information regarding local resources
- Assist student to join church choir
- Assist student to join youth group
- Assist student to obtain Identification Card
- Assist student to participate in Special Olympics
- Assist student to utilize public transportation
- Assist the student to become a manager of a team
- Assist the student to call peer to arrange social activity
- Assist the student to open a checking account
- Assist the student to select and participate in a school club
- Develop conflict resolution skills
- Instruct student to review a sample lease
- Teach student how to pay bills
- Teach student to apply for a library card
- Teach student to discuss legal rights and responsibilities of citizenship
- Teach student to make grocery list
- Teach student to shop for purchases
- Teach student to use telephone and telephone book
- Teach student to utilize newspaper for information and enjoyment
- Teach the student to use newspaper to find current movies

Individual Transition Plan Page 2B

☐ On or before the student's 17th birthday, he/she has been advised of rights at age of majority (age 18)

By whom: _____ / ____ / ____

Student Signature _____

Parent/Guardian Signature _____

Transfer of Rights: On or before the student's 17th birthday, explain that he or she will assume all special education rights and protections upon turning 18 (unless a conservator has been appointed by the court). Review the NOTICE OF PROCEDURAL SAFEGUARDS AND PARENTS' RIGHTS with the student. The review of safeguards can be completed prior to, during, or even immediately following the meeting. Record the name of the person advising the student and the date the discussion of Transfer of Rights was completed. Student and parent shall sign that they were notified of these rights. Provide Form 22 Notification of the Transfer of Educational Rights to student and his/her parent.

Course of Study

A multi-year description of student's coursework from current year to anticipated exit year.

☐ See attached Course of Study or ☐ Listed below

Course of Study: This is a multi-year description of student's coursework from current year to anticipated exit year from Special Education services. Check either "See attached Course of Study" or "Listed Below". Ensure either the required paperwork is attached to the IEP or the student's course of study is listed herein. List the courses that are required for graduation, and additional courses related to goals, graduation, and/or vocational interests. At the plan review, update which courses have been completed and those continuing to be required which includes the upcoming year of courses.

Remember to also list any courses required/needed that are LEA/student/site specific and how they link to postsecondary goals. For students working toward a certificate of achievement or completion, a listing of courses may be appropriate (functional curriculum, community-based instruction) and how they link to postsecondary goals.

If the postsecondary goals change, the courses of study may change.

| Transition Checklist - 9 Items to Review | | | |
|---|--|---|--|
| Are there appropriate post secondary goals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are goals related to student's needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the goals updated annually? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there evidence student was invited? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are goals based on age appropriate transition assessment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Were representatives from outside agencies invited, if appropriate? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Do the services enable student to meet goals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the IEP meet all 8 of the requirements on this checklist? (All 8 marked Yes or N/A?) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does course of study align with student goals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Transition Checklist: Review each of the 8 questions asked with the team. Indicate either Yes or No (or N/A) to each question and if all 8 requirements were met for question number 9.



NOTE: If you mark one question as "No", the IEP will be found out of compliance, and you are required to take corrective actions. If N is checked on any item and the student is 16 years or older, reconvene the IEP team to address.



NOTE: If you have not completed the Transition Plan because the student is too young to do so, do not answer ANY of the Transition Checklist questions either Yes or No. These are ONLY for students whose IEP Team has completed the Transition Plan process.

Is there an appropriate measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living?

Can the goal(s) be counted? Will the goal(s) occur *after* the student graduates from school? Based on the information available about this student, does (do) the postsecondary goal(s) seem appropriate for this student?

If yes to all three, then check Y OR if a postsecondary goal(s) is (are) *not* stated, check N and convene an IEP meeting

1. Is (are) the postsecondary goal(s) updated annually?

Was (were) the postsecondary goal(s) addressed/ updated in conjunction with the development of the current IEP?

If yes, then check Y OR If the postsecondary goal(s) was (were) *not* updated with the current IEP, check N and convene an IEP meeting

2. Is there evidence that the measurable postsecondary goal(s) were based on age-appropriate transition assessment?

Is the use of transition assessment(s) for the postsecondary goal(s) mentioned in the IEP or evident in the student's file?

If yes, then check Y OR if *no*, then check N and convene an IEP meeting

3. Are there transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s)?

Is a type of *instruction, related service, community experience, or development of employment and other post-school adult living objectives, and if appropriate, acquisition of*

daily living skills, and provision of a functional vocational evaluation listed in association with meeting the post-secondary goal(s)?

If yes, then check Y OR if no, then check N and convene an IEP meeting

4. Do the transition services include courses of study that will reasonably enable the student to meet his or her postsecondary goal(s)?

Do the transition services include courses of study that align with the student's postsecondary goal(s)?

If yes, then check Y OR if no, then check N and convene an IEP meeting

5. Is (are) there Plan Review IEP goal(s) related to the student's transition services needs?

Is (are) an annual goal(s) included in the IEP that is/are related to the student's transition service's needs?

If yes, then check Y OR if no, then check N and convene an IEP meeting

6. Is there evidence that the student was invited to the IEP Team meeting where transition services were discussed?

For the current year, is there documented evidence in the IEP or cumulative folder that the student was invited to attend the IEP Team meeting?

If yes, then check Y OR if no, then check N and convene an IEP meeting

7. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority?

For the current year, is there evidence in the IEP that representatives of any of the following agencies/services were invited to participate in the IEP development including but not limited to: *postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation* for this post-secondary goal?

Was consent obtained from the parent (or student, for a student the age of majority)?

- **If yes to both, then check Y**
 - **If no invitation is evident and a participating agency is likely to be responsible for providing or paying for transition services and there was consent to invite them to the IEP meeting, then check N**
 - **If it is too early to determine if the student will need outside agency involvement, or no agency is likely to provide or pay for transition services, check N/A**
 - **If parent or individual student consent (when appropriate) was *not* provided, check N/A**
8. Does the IEP meet the requirements of Indicator 13? (Check one)

Yes (all Ys or N/A for each item 1 – 8 above). If No (one or more Ns checked) convene an IEP meeting.

| |
|--|
| PLEASE NOTE: IF YOU MARK "NO" ON ANY OF THE 1-8 BOXES ON THE TRANSITION CHECKLIST GRID, THE IEP WILL BE FOUND OUT OF COMPLIANCE |
|--|



Educational Benefit Reminders:

- *Is the transition plan developed in accordance with the student's post-school preferences, interests, and goals?*
- *Are there measurable postsecondary goals, based on age-appropriate transition assessments, that address education/training, employment, and where appropriate, independent living skills?*
- *Are appropriate transition services and responsible persons/agencies specified?*
- *Are additional vocational and/or transition assessments required?*
- *Is the transition plan designed to facilitate the student's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment, continuing and adult education, adult services, independent living and/or community participation?*
- *If appropriate, does the LEA reconvene the IEP team if the transition services were not provided as stated in the IEP?*
- *When the invited agency representative(s) cannot attend the meeting, is there evidence in the student record that the LEA used alternative methods to include the agency (e.g., phone conference or written input)?*
 - *On the transition section of the IEP, the agency being invited and documented is the one who will be assisting with transition services and supports to help the student meet his or her transition goals (e.g., Department of Rehabilitation, Regional Center, RCOE-CTE, social worker, etc.). It does not have to be the same agency as listed in other sections of the IEP. For example, if probation is providing a transition service to help with an IEP goal, then they are appropriate to invite.*
 - *The purpose of this section is to prevent IEP teams from writing an outside agency into the IEP without that agency being there; and then the outside agency saying, "We weren't invited so how could we know?" It is also a way of documenting attempts to include the outside agency even when a representative does not attend.*
- *If the student is turning 17, has student been advised of rights at age of majority?*
- *Is the student's course of study attached or listed within the IEP?*
- *Is the transition checklist completed WITH NO AREAS MARKED AS "NO"?*

ANNUAL GOALS

Use this form for students who only need goals, not objectives (i.e., student is working toward a high school diploma via access to core curriculum and participating in standardized testing).

GOALS MUST BE WRITTEN FOR ALL AREAS OF NEED AS DETERMINED WITHIN THE PRESENT LEVELS OF PERFORMANCE DISCUSSION.



NOTES:

- **Objectives or benchmarks are no longer required for students who are accessing the general curriculum.**
- **Draft goals may be developed prior to the meeting and reviewed with the team for changes.**
- **Annual goals must be measurable, and at least one annual goal must be written for each area of identified need.**

- ***If English learner, one of the goals must address English language development.***
- ***If age 16 or older, at least one of the goals must address transition planning.***

| | |
|---|---|
| Area of Need: _____ Baseline: _____ _____ | Measurable Annual Goal # _____ by ____ / ____ / _____, as measured by: <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard # _____ <input type="checkbox"/> Addresses other educational needs <input type="checkbox"/> Linguistically appropriate* <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person (s) Responsible: _____ |
|---|---|

Area of Need: Indicate the area of need for each goal developed. These areas of need should match the “areas of need” on the Present Levels Page (i.e., math, reading, behavior).

Baseline: Specify the student’s baseline performance. The baseline should be a quantifiable description of classroom performance in the specified area (i.e., reads 20 sight words, writes a simple paragraph of 2-4 sentences, etc.).

Measurable Annual Goal: Annual goals must be measurable and must relate to the baseline data. Every effort should be made to identify and select **appropriate standards at grade level**. Goals must include:

- | | |
|----------------------------------|---|
| • <u>Who</u> | <u>student</u> |
| • <u>Does What</u> | <u>observable behavior</u> (will decode words with fluency) |
| • <u>When</u> | <u>by reporting date</u> |
| • <u>Given What</u> | <u>conditions</u> (when given a paragraph to read) |
| • <u>How Much</u> | <u>mastery, criteria</u> (90% accuracy, 3 consecutive days) |
| • <u>How It Will Be Measured</u> | <u>performance criteria</u> (as measured by teacher data) |

Enables Student to be Involved and Progress in the General Curriculum: Select if the goal the student is working on is written to standards. Document the number that corresponds with standard being addressed. First consider standards at the student’s chronological grade-level. Also consider pre-requisite skills, levels of the cognitive domain, accommodations, modifications and assistive technology.

Addresses Other Educational Needs: Select if the goal relates to other educational needs (i.e., behavior, social skills, etc.).

Linguistically Appropriate: Select if the goal supports English Language Development for English language learners.

Transition Goal: Select if the goal supports a transition area for the Individual Transition Plan. Indicate which area the goal supports.

Person Responsible: List the title of the person(s) responsible for assisting the student to meet this goal.



NOTES:

- ***Listing parent is not an appropriate option as Person(s) Responsible for implementing a goal.***
- ***An individualized education program team shall meet at least annually to review a pupil's progress, the individualized education program, including whether the annual goals for the pupil are being achieved. E.C. 56043(j)***



SEIS NOTES: In SEIS you have the option of creating your own goal from scratch or you can choose a goal from one of the available goal banks. (Remember the goal bank is only a template). DO NOT use the goal bank without modifying the goal to meet the student's needs.



SEIS NOTES: If you wish to use the goal with completed progress notes as a discussion/documentation point for progress on prior goals, simply leave the previous goals intact in the goals grid of the future IEP. The previous goal(s) would serve as the documentation, while the newly created goal(s) would document the IEP team's decisions based on the progress on those prior goal(s).

| | | | |
|--|--|--|--|
| Progress Report 1: ____/____/____ Summary of progress _____ | Progress Report 2: ____/____/____ Summary of progress _____ | Progress Report 3: ____/____/____ Summary of progress _____ | Goal: Annual Review Date: ____/____/____ Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comment: _____ | Comment: _____ | Comment: _____ | Comment: _____ |

Progress Report: Insert the date of this progress report.

Summary of Progress: Document the student's progress towards this goal. State if the student is expected to meet the goal by the Plan Review date.

Comment: State any further comment or information regarding the student's progress towards this goal (i.e., homework needs to be turned in; a new goal needs to be written).

Goal: Annual Review: Insert the date of the Plan Review. Mark if the goal was met. Write in any comments as needed.



Educational Benefit Reminders:

- Are there goals for each area of need?
- Are the goals measurable?
- Do the goals enable the student to be involved and/or progress in the curriculum?
- Are all other educational needs resulting from the disability addressed?
- If the student is an English language learner, are the goals linguistically appropriate?
- Is the person(s) identified who will primarily be responsible for implementing the goal and monitoring progress?

ANNUAL GOALS AND OBJECTIVES

For students who are working on a **functional skills curriculum** and taking an alternate **assessment**, annual goals AND objectives are required.



NOTES: For those students who are working on a functional skills curriculum and taking alternate assessment:

- Draft goals and objectives may be developed prior to the meeting and reviewed with the team for changes.
- Annual goals and objectives must be measurable, and at least one annual goal must be written for each area of identified need.

- ***There must be a minimum of two objectives for each goal.***
- ***If English learner, one of the goals and corresponding objectives must address English language development.***
- ***If age 16 or older, at least one of the goals must address transition planning.***

| | |
|---|---|
| Area of Need: _____ Baseline: _____ _____ | Measurable Annual Goal #____ by ____ / ____ / ____, as measured by: <input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard # _____ <input type="checkbox"/> Addresses other educational needs <input type="checkbox"/> Linguistically appropriate* <input type="checkbox"/> Transition Goal: <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living Person (s) Responsible: _____ |
| Short-Term Objective: _____ | |

Area of Need: Indicate areas of educational need that have been identified by the IEP Team based on assessments and present levels of academic achievement and functional performance and/or special factors. For every identified area of need there must be a goal. These areas of need should match the “areas of need” on the Present Levels Page (i.e., communication, reading, behavior).

Baseline: Specify the student’s baseline performance. The baseline should describe the child’s current performance on the skills identified in the goal. The baseline should be a quantifiable description of classroom performance and assessment in the specified area (i.e., reads 20 out of 80 common community words, can write first but not last name)

Measurable Annual Goal: Annual goals must be measurable and must relate to the baseline data. Goals must include:

- | | |
|----------------------------------|---|
| • <u>Who</u> | <u>student</u> |
| • <u>Does What</u> | <u>observable behavior</u> (will add single digit numbers) |
| • <u>When</u> | <u>by reporting date</u> |
| • <u>Given What</u> | <u>conditions</u> (when given 10 problems) |
| • <u>How Much</u> | <u>mastery, criteria</u> (90% accuracy, 3 consecutive days) |
| • <u>How It Will Be Measured</u> | <u>performance criteria</u> (as measured by teacher data) |

Objectives: Objectives should be written in the same format as the annual goal. Each objective should break down task and/or skills leading to meeting the goal.

Enables Student to be Involved and Progress in the General Curriculum: Select if goal student is working on is written to standards. Document the number that corresponds with standard being addressed. First consider standards at the student’s chronological grade-level. Also consider pre-requisite skills, levels of the cognitive domain, accommodations, modifications and assistive technology.

Addresses Other Educational Needs: Select if the student is working on other educational needs (i.e., behavior, social skills, etc.).

Linguistically Appropriate: This must be selected if the student is an English Learner. When drafting IEP goals, the IEP Team should consider:

- cognitive level of the student;
- linguistic level of the student;
- the developmental level of the student’s primary (L1) or second (L2) language;
- overall performance in designated and integrated ELD instruction;
- access to the student’s prior knowledge and experiences;

- inclusion of culturally relevant materials and experiences; and
- the student's cultural heritage.

Transition Goal: Select if the goal supports a transition area for the Individual Transition Plan. Indicate which area the goal supports.

Person Responsible: List the title of the person(s) responsible for assisting the student to meet this goal.



NOTES:

- ***Listing parent is not an appropriate option as Person(s) Responsible for implementing a goal.***
- ***Discussion and examples of linguistically appropriate goals can be found on the [California Practitioners' Guide for Educating English Learners with Disabilities](#), page 211.***
- ***An individualized education program team shall meet at least annually to review a pupil's progress, the individualized education program, including whether the annual goals for the pupil are being achieved. E.C. 56043(j)***

| | | | |
|---|---|---|--|
| Progress Report 1: __/__/____ Summary of progress ____ | Progress Report 2: __/__/____ Summary of progress ____ | Progress Report 3: __/__/____ Summary of progress ____ | Goal: Annual Review Date: __/__/____ Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comment: ____ | Comment: ____ | Comment: ____ | Comment: ____ |

Progress Report: Insert the date of this progress report.

Summary of Progress: Document the student's progress on this goal. State if the student is expected to meet the goal by the Plan Review date.

Comment: State any further comment or information regarding the student's progress towards this goal (i.e., Homework needs to be turned in; a new goal needs to be written).

Goal: Annual Review: Insert the date of the Plan Review. Mark if the goal was met. Write in any comments as needed.



Educational Benefit Reminders:

- *Are there goals and objectives for each area of need and vice versa?*
- *Are the goals and objectives measurable?*
- *Do the goals and objectives enable the student to be involved and/or progress in the curriculum?*
- *Are all other educational needs resulting from the disability addressed?*
- *If the student is an English language learner, are the goals linguistically appropriate?*
- *Is the person(s) identified who will primarily be responsible for implementing the goal and monitoring progress?*

SPECIAL FACTORS

Does the student require assistive technology devices and/or services? ☐ No ☐ Yes (explain): _____

Assistive Technology (AT): Identify if the student requires assistive technology devices and/or services to meet educational goals and objectives. Please see the RC SELPA AT Guidelines for further details. Indicate determination by marking yes or no and **explain** your rationale. If yes, specify the type of devices, services, equipment, and/or materials needed.

If no, examples may include Student is able to access gen ed curriculum and demonstrate educational progress without the use of AT; Student has access to _____ technology that is available within the classroom for all students.



NOTE: If warranted, it is recommended that the IEP team use the Assessment Plan and Prior Written Notice (AP/PWN) to determine AT needs for access to curriculum – prior to indicating supports on the IEP.

Does the student require low incidence services, equipment and/or materials to meet educational goals due to Blind/VI ☐ DH/H ☐ OI ☐? ☐ No or ☐ Yes (explain): _____

Low Incidence: Identify under which low incidence disability the student requires low incidence services, equipment and/or materials to meet educational goals and objectives by marking yes or no and **explain** your rationale. If yes, specify the type of services, equipment, and/or materials needed.

Some examples may include:

Blind/VI - Specify the strategies or specialized instruction that will be employed (i.e., Indicate whether instruction in Braille will be provided, and if not, why not. If the student will not be using Braille, indicate if he/she will use large print text or other modified input). The specific needs for services, equipment and/or materials are to be addressed below.

DH/H - Specify the strategies, specialized instruction, and/or the mode of communication that will be employed to meet the student's unique needs.

OI - Discuss how the student's orthopedic impairment affects his or her ability to access instructional materials and/or the school environment. Specify the strategies or specialized instruction



NOTE: This applies only to students with the following eligibility categories: Deaf-Blind, Visually Impaired, Orthopedic Impaired, Hard of Hearing, and Deaf. Low incidence equipment is indicated only if it is required to meet specific educational needs.



NOTES about low incidence services, equipment and/or materials:

- It is important that each LEA determine which person or position will serve as the case manager when a student receives contracted DHH or VI or OI itinerant services only (i.e., program specialist, RSP/SAI teacher, related service provider).
- The SELPA has a written process for purchasing and monitoring low incidence equipment and services (Please see [RC SELPA Low Incidence Policies, Procedures and Guidance](#)).

- **The service provider is responsible for purchasing LI equipment (e.g., ear molds, amplifier, etc. – not hearing aids). RCOE personnel give recommendations and draft purchase order to LEA.**
- **Leave LEA purchases at school – do not send home unless agreed to by LEA and signed liability form is on file.**

| | | | |
|---------------------|--|----------------------------------|--|
| Physical Education: | <input type="checkbox"/> Requirement met | <input type="checkbox"/> General | <input type="checkbox"/> Specially Designed: _____ |
|---------------------|--|----------------------------------|--|

Physical Education: Check the type of physical education applicable to the student.

Requirement Met: Has passed the Physical Performance Test in 9th grade and met minimum credit requirements for physical education at the high school level (EC51241(b)(1)).

General: Movement activities are provided by the general education PE teacher and may include accommodations, adaptations, or modifications which are made by the general education PE teacher.

Specially Designed: Physical education programming for a special education class that requires minimal or limited adaptations, accommodations, or modifications, and is taught by the person, general or special educator, who normally teaches physical education for this population.

| | | | |
|-------------------------|---|--|---------------------|
| Special Transportation: | <input type="checkbox"/> None/General Education | <input type="checkbox"/> Special Ed Rationale: _____ | Specify Type: _____ |
|-------------------------|---|--|---------------------|

Transportation: Check appropriate box. If special education transportation is checked, include the rationale and specify the type: door to door, curb to curb, wheelchair, aide on board, ambulatory, restraints, child seat required, seat belt required, gurney required **OR** that the child is only receiving transportation services due to the program NOT being located at their home school. Include parent provided transportation if parent is being reimbursed.



NOTE: There are two ways a student can receive transportation services:

- 1) **Due to a unique need based on student's special education eligibility that require transportation as a related service. These services are then listed on the Services page as a 900 service code as well as indicated correctly on the Special Factors page;**
- 2) **Due to the special education program the student is receiving NOT being located at student's home school and transportation is needed to transport them to the other site. This is NOT listed on the Services page but should be documented on the Special Factors page ONLY.**

If the child is an English Learner, complete the following section:

All students who are English Learners must receive Comprehensive English Language Development (ELD) (designated and Integrated ELD instruction) as part of their core instructional program, based on assessed English language proficiency.

Does the student need primary language supports during integrated ELD (across content areas)? ☐ Yes ☐ No

If yes, please select:

- | | |
|--|---|
| <input type="checkbox"/> Oral clarification of directions in the primary language | <input type="checkbox"/> Bilingual dictionary |
| <input type="checkbox"/> Glossaries in primary language | <input type="checkbox"/> Illustrated glossaries in primary language |
| <input type="checkbox"/> Graphic organizer with key concepts translated to primary language | <input type="checkbox"/> Pair key text/words translated to primary language |
| <input type="checkbox"/> Pair key text/words translated to primary language with visuals | <input type="checkbox"/> Provide definitions in primary language in context of lesson |
| <input type="checkbox"/> Frontloading using primary language, to bridge new learning to previous knowledge | |
| <input type="checkbox"/> Teach relationships between concepts in primary language | |
| <input type="checkbox"/> Conduct frequent comprehension checks, allow for student response in primary language | |
| <input type="checkbox"/> Other: _____ | |

Where will the student receive Designated ELD? ☐ General Education ☐ Special Education

The student who is an English Learner is currently participating in:

☐ Structured English Immersion (SEI) or ☐ Other, parent selected multilingual/language acquisition program

Comments: _____



NOTE: Only use this area if the student is verified as EL. If not, please leave blank!

If the student is an English Learner complete the sections listed below.

Does the student need primary language supports during integrated ELD (across content areas)? If yes, use check boxes to indicated needed supports.

Some English Learner students (ELs) will need primary language support across content areas. For instance, primary language supports may be needed by 1) ELs whose assessed English language proficiency skills on the Initial ELPAC are in the Intermediate or Novice English Learner range, or 2) ELs who's Summative ELPAC scores are within level 1-3. For many ELs, primary language supports, and resources are necessary scaffolds designed to asset the English learner with accessing curriculum, regardless of their language proficiency level.

Where will the student receive Designated ELD? Indicate General Education OR Special Education.

For English learners with disabilities, the IEP team may determine where daily ELD instruction will be provided, within a general education or special education setting. Most English learners with disabilities should receive their designated ELD services in the least restrictive environment, ideally, in the general education setting.

The student who is an English Learner is currently participating in: Select either Structured English Immersion Program (SEI) OR Other, parent selected Multilingual program

Comments: Add in any additional comments relating to the student's English language acquisition skills.



NOTE: For more information, please see the "[California Practitioners' Guide for Educating English Learners with Disabilities](https://www.cde.ca.gov/sp/el/er/multilingualedu.asp)" on the RC SELPA Website. See CDE website: Multilingual Programs: <https://www.cde.ca.gov/sp/el/er/multilingualedu.asp>

Does student's behavior impede learning of self or others? ☐ No or ☐ Yes (describe): _____

If yes, specify positive behavioral interventions, strategies, and supports: _____

☐ Positive behavioral intervention plan ☐ Goal(s) #

Behavior: Check yes or no to indicate if the student's behavior impedes learning of self or others. If yes, describe how the behavior impedes learning and specify positive behavior interventions, strategies, and supports that will be employed to address the behaviors.

Check if there is a positive behavioral intervention plan and/or IEP goal related to this area.



NOTE: If positive behavioral intervention plan is marked yes, attach a copy to the current IEP.

Participation in State/District Wide Assessment Programs

Indicate how the student will participate in each of the State/District Assessments.



NOTE: The IEP Team may not waive state assessments. This area must be addressed by the IEP Team whether or not the parent has filed or is planning to file a waiver from testing with the LEA.



NOTE: The IEP team MUST review the criteria for taking alternate assessments before making that decision.



NOTE: Ensure that the IEP team reviews participation in state/district wide assessment programs each year. Content tested from grade to grade, as well as accommodations may change when the student transitions to a new grade level. Some assessments are not offered to each grade level, in this case the team makes an accommodation/modification determination for the assessment, and this will remain on the IEP and reviewed yearly.



SEIS NOTE: *Each assessment subtest has a dropdown menu to select whether the student is taking the assessment with accommodations and/or designated supports. Once you choose an option from the dropdown menu, additional choices will appear below to pick the specific assessment the student will be taking. If you choose that the student will take the assessment with supports and/or accommodations, a button will appear to allow you to choose the specific supports and accommodations the student needs.*

PARTICIPATION IN STATE/DISTRICT WIDE ASSESSMENT PROGRAMS

Indicate student's participation in the California Assessment of Student Performance and Progress, CAASPP below:

English Language Arts (Grades 3-8 & 11)

- | | | | | |
|--|-----------|---|-----------|---|
| <input type="checkbox"/> Outside of testing grade range | OR | <input type="checkbox"/> SBAC With testing accommodations | OR | <input type="checkbox"/> Alternate Assessment |
| <input type="checkbox"/> SBAC Without testing Accommodations | | <input type="checkbox"/> Designated Supports Embedded | | <input type="checkbox"/> CAA Designated Supports Embedded |
| | | <input type="checkbox"/> Designated Supports Non-embedded | | <input type="checkbox"/> CAA Designated Supports Non-embedded |
| | | <input type="checkbox"/> Accommodations Embedded | | <input type="checkbox"/> CAA Accommodations Embedded |
| | | <input type="checkbox"/> Accommodations Non-embedded | | <input type="checkbox"/> CAA Accommodations Non-embedded |
| | | <input type="checkbox"/> Unlisted Resources (Requires CDE Approval) | | <input type="checkbox"/> Unlisted Resources (Requires CDE Approval) |

Math (Grades 3-8 & 11)

- | | | | | |
|--|-----------|---|-----------|---|
| <input type="checkbox"/> Outside of testing grade range | OR | <input type="checkbox"/> SBAC With testing accommodations | OR | <input type="checkbox"/> Alternate Assessment |
| <input type="checkbox"/> SBAC Without testing Accommodations | | <input type="checkbox"/> Designated Supports Embedded | | <input type="checkbox"/> CAA Designated Supports Embedded |
| | | <input type="checkbox"/> Designated Supports Non-embedded | | <input type="checkbox"/> CAA Designated Supports Non-embedded |
| | | <input type="checkbox"/> Accommodations Embedded | | <input type="checkbox"/> CAA Accommodations Embedded |
| | | <input type="checkbox"/> Accommodations Non-embedded | | <input type="checkbox"/> CAA Accommodations Non-embedded |
| | | <input type="checkbox"/> Unlisted Resources (Requires CDE Approval) | | <input type="checkbox"/> Unlisted Resources (Requires CDE Approval) |

Science (Grade 5, 8 and High School)

- | | | | | |
|---|-----------|---|-----------|---|
| <input type="checkbox"/> Outside of testing grade range | OR | <input type="checkbox"/> CAST With testing accommodations | OR | <input type="checkbox"/> Alternate Assessment |
| <input type="checkbox"/> Without testing Accommodations | | <input type="checkbox"/> Designated Supports Embedded | | <input type="checkbox"/> CAAS Designated Supports Embedded |
| | | <input type="checkbox"/> Designated Supports Non-embedded | | <input type="checkbox"/> CAAS Designated Supports Non-embedded |
| | | <input type="checkbox"/> Accommodations Embedded | | <input type="checkbox"/> CAAS Accommodations Embedded |
| | | <input type="checkbox"/> Accommodations Non-embedded | | <input type="checkbox"/> CAAS Accommodations Non-embedded |
| | | <input type="checkbox"/> Unlisted Resources (Requires CDE Approval) | | <input type="checkbox"/> Unlisted Resources (Requires CDE Approval) |

If student is taking Alternate Assessment the IEP team has reviewed the criteria for taking alternate assessments. Participation in an alternate assessment is appropriate because _____.

PHYSICAL FITNESS TEST(Grades 5, 7, 9)

- ☐ Without Accommodations /Modifications ☐ With Accommodations: _____ ☐ Out of testing Range
☐ With Modifications (Check with PFT Office prior to use) : _____

☐ Other Alternate State-Wide/ District-wide Assessments _____

☐ Desired Results Developmental Profile (DRDP) – (Preschoolers Ages 3, 4 and 5 years)

- | | | |
|--|---|---|
| <input type="checkbox"/> Adaptations Not Applicable | <input type="checkbox"/> Sensory support | <input type="checkbox"/> Functional positioning |
| <input type="checkbox"/> Alternative response mode | <input type="checkbox"/> Assistive equipment or device | <input type="checkbox"/> Visual support |
| <input type="checkbox"/> Alternative mode for written language | <input type="checkbox"/> Augmentative or alternative communication system | |

English Language Proficiency Assessments of California (ELPAC; for English Learners Only).

Please Note: Computer-based is for all domains grades 3-12. The writing domain is paper-based only for grades K-2. All other domains for grades K-2 are computer-based.

Initial ELPAC

- ☐ Without Designated Supports (All Domains)
☐ Designated Supports (All Domains)
☐ Without Accommodations (All Domains)
☐ Accommodations (All Domains)
☐ Unlisted Resources (Requires CDE Approval)

OR

Summative ELPAC Computer-based

- ☐ Without Designated Supports (All Domains)
☐ Embedded Designated Supports
☐ Non-embedded Designated Supports
☐ Without Accommodations (All Domains)
☐ Embedded Accommodations
☐ Non-embedded Accommodations
☐ Unlisted Resources (Requires CDE Approval)

☐ Domain Exemption:

Oral Language Composite

- ☐ Listening ☐ Speaking

Written Language Composite

- ☐ Reading ☐ Writing

☐ **Alternate ELPAC:**

- ☐ Alternate ELPAC Embedded Designated Supports
☐ Alternate ELPAC Non-embedded Designated Supports
☐ Alternate ELPAC Non-embedded Accommodations

- Check all boxes as appropriate to the student's participation in any of these tests. Note that SBAC ELA and Math are for grades 3-8 and grade 11 only.
- For SBAC and ELPAC, specify **Designated Supports or Accommodations** (Either embedded or non-embedded) from the drop down choices. If not on SEIS, please go to: <https://www.cde.ca.gov/ta/tg/ca/accessibilityresources.asp> for the California Assessment of

Student Performance and Progress (CAASPP) choices. For those using the Spanish template, please indicate the supports/accoms in the field after each choice, as applicable.

- Please note: Unlisted Resources (Requires CDE Approval) are available if necessary. If you choose this option, YOU MUST GET **PRIOR APPROVAL FROM CDE** to implement. The request form is available in TOMS. The specific resources must be spelled out in the Team Summary.
- Specify **accommodations or supports for all other assessments** if required by the student as part of his or her regular instructional process.
- Indicate if the student will be taking the CAA for Science and why their participation in the CAA science is appropriate. Note that this applies to grades 5, 8 and 10-12 only.
- Indicate if the student will be taking the CAA. If the student has a significant cognitive disability, indicate the CAA Level that is most appropriate to measure student progress. If the student is taking CAA, provide a rationale for why CAA is appropriate. CAA Science applies to grades 5, 8 and 10-12.

☐ Other Alternate State-Wide/ District-Wide Assessments: _____

Other Alternate State-Wide/District-Wide Assessment(s): Identify any alternate tests the student may be taking (e.g., ALPI, SANDI) and **why** it is appropriate.



NOTE: Do not put parent exemption on the IEP form as a reason that the student will not participate. The IEP Team must address how the student would participate even if there is a parent exemption. The parent must file the exemption with the school site according to the LEA procedures for all students.

Desired Results Developmental Profile (DRDP) (For Preschoolers Only):

☐ Adaptations Not applicable ☐ Augmentative or Alternative Communication System ☐ Alternative Mode for Written Language ☐ Visual Support
☐ Functional Positioning ☐ Alternative Response Mode ☐ Assistive Equipment or Device ☐ Sensory Support

Desired Results Developmental Profile (DRDP): Children ages 3, 4, & 5 not yet in kindergarten will participate in statewide assessment using the DRDP. If the child needs adaptations in the preschool testing setting, the IEP Team should document the adaptations. The following is a list of the adaptations available on the DRDP.

- **Adaptations Not Applicable:** This indicates NO adaptations are needed.
- **Augmentative Communication Device or Alternative Communication System:** This allows the child to use sign language, picture cards, electronic communication device or computer in place of spoken language.
- **Alternative Modes for Written Language:** This allows the child to use Braille, keyboard, computer, and Braille books in place of paper and pencil.
- **Adequate Time:** This provides for the child who needs more time for moving, responding or processing information.
- **Provide Visual Supports:** Such as different lighting or visual contrast that are required for the child to see.
- **Assistive Equipment or Devices:** This allows the child to use splints, walkers, utensils, switches, positioning devices, etc. that the child needs for mobility or manipulating objects.
- **Ensure Functional Positioning:** This is for a child with a physical disability so that the child has optimal control of movements.

- **Provide Sensory Support:** This is for the child who needs some modulation of sensory input for attending and learning in the environment (e.g., reduce background noise, reduce visual stimulation, increase tactile stimulation, etc.).
- **Allow the Child to Use Alternative Response Modes:** in place of typical response modes. For example, a child with autism may look out of the corner of his eye instead of establishing direct eye contact; or a child with a physical impairment may demonstrate atypical movement patterns or may verbally direct another in order to accomplish a task

English Language Proficiency Assessments of California (ELPAC: for English Learners Only)

- Initial and Summative ELPAC
 - Indicate if the student will be taking the Initial ELPAC or Summative ELPAC (NOTE: One or the other can be chosen, NOT BOTH)
 - The IEP team determines if the student needs allowable designated supports and/or accommodations
 - If the student does not need designated supports, choose “Without Designated Supports (All Domains)”
 - If the student does need designated supports and/or accommodations, choose “Select Supports and Accommodations”, and indicate the appropriate embedded or non-embedded items. Save your choices
 - Once supports and accommodations are chosen, check the associated Designated Supports and Accommodations boxes based on what was chosen.
- Domain Exemptions
 - The IEP team determines if a domain is not accessible, even with designated supports and/or accommodations. When it is not accessible, the team may determine that a domain exemption is necessary.
 - If the IEP team determines that a domain exemption(s) is needed, choose “Domain Exemption” and then choose which domain(s) will be exempted.
 - IMPORTANT: For an Overall ELPAC score to be generated, only one domain from the Oral Language Composite (Listening or Speaking) and one from the Written Language Composite (Reading or Writing) may be exempted.
- Alternate ELPAC
 - The IEP team determines if a student meets the criteria for taking the alternate assessment. Prior to indicating participation in an alternate assessment, the IEP team may complete the “Statewide Alternate Assessment Decision Confirmation Worksheet”. (Refer to your district policy)
 - The IEP team determines if the student needs allowable designated supports and/or accommodations.
 - If the student does need designated supports and/or accommodations, choose “Select Supports and Accommodations”, and indicate the appropriate embedded or non-embedded items. Save your choices
 - Once supports and accommodations are chosen, check the associated Designated Supports and Accommodations boxes based on what was chosen.



NOTE: Use the **California Department of Education Matrix of Testing Variations, Accommodations and Modifications** as reference. Please note, each assessment has its own Matrix listed at <https://www.cde.ca.gov/ta/tg/ca/accessibilityresources.asp>



Educational Benefit Reminders:

- *Has the IEP Team addressed all the special considerations the student may require?*
- *Are all accoms/mods listed ones that the student is currently using and required as part of their regular instruction? (Not just added for benefit of state assessment?)*

- Does the student demonstrate behavior(s) that impede learning, and if so, how will positive behavior interventions, strategies, and supports be provided?
- Does the IEP team agree on the areas of need to be addressed in the special factors as identified on the Present Levels and Annual Goals pages?
- Is participation on state and district-wide assessments, including accommodations and modifications, in accordance with state guidelines?
- Are alternate assessment(s), including the reasons, clearly noted if required?

SERVICES (Offer of FAPE)



NOTE: Special education and related services are determined at the IEP meeting only after goals (and if appropriate, objectives/benchmarks) have been finalized. Decisions regarding placement/services must be made in conformity with the least restrictive environment (LRE) provisions. These provisions direct that to the maximum extent appropriate, students with disabilities be educated with typically developing peers, and that special classes, separate schooling or other removal of students from the general educational environment occurs only if the nature or severity of the disability is such that education in general education classes with the use of supplementary aids and services cannot be achieved satisfactorily. The placement must be made in the school that the student would attend if the student did not have a disability unless unique circumstances prevent this placement. Special education and related services and supplementary aids and services should be based on peer-reviewed research to the extent practicable.

Special Education Service options considered: ☐ General Education Class ☐ General Education Class with Supplemental Aids and Services ☐ General Education Class with Related Services ☐ General Education Class with Consult and/or Collaboration from the Special Education Staff ☐ General Education Class with Specialized Academic Instruction in class ☐ General Education Class with Specialized Academic Instruction in a separate class ☐ Separate Classroom with Specialized Academic Instruction for majority of day ☐ Separate Classroom with Specialized Academic Instruction for majority of day utilizing alternate curriculum standards ☐ State Special School ☐ Non-Public School ☐ Alternative Education ☐ Home/Hospital ☐ Instruction in a non-classroom setting ☐ Other:

Special Education Service Options Considered: Discuss and document service delivery options by checking the box next to the appropriate service options considered (There can be more than 1 box checked). The team must always first consider placement/services in the general education classroom with supports prior to recommending a more restrictive setting. Follow the continuum of services below as a guide to determining LRE. A graphic of the continuum of services can be located in Appendix B to share with the IEP team.

- General Education Class
- General Education Class with Supplemental Aids and Services
- General Education Class with Related Services
- General Education Class with Consult and Collaboration from the Special Education Staff
- General Education Class with Specialized Academic Instruction in class (including RSP support)
- General Education Class with Specialized Academic Instruction in a separate class (including RSP support)
- Separate Classroom with Specialized Academic Instruction for majority of day
- Separate Classroom with Specialized Academic Instruction for majority of day utilizing alternate curriculum standards (old SDC Moderate/Severe model)
- State Special School (Referral only if not already accepted by school)
- Non-Public School
- Alternative Education
- Home/Hospital
- Instruction in Non-Classroom Setting
- Other:_____

Within the notes, indicate what was discussed. An example is as follows:

The IEP team discussed the following educational placement options -

- general education with supplemental aides and services
- general education with DIS services
- general education with specialized academic instruction
- general education with specialized academic instruction and DIS services
- specialized academic instruction for the majority of the school day with DIS services

The IEP team determined that the appropriate educational setting is _____.

| SUPPLEMENTARY AIDS AND SERVICES TO BE PROVIDED TO THE STUDENT OR ON BEHALF OF THE STUDENT And PROGRAM MODIFICATIONS OR SUPPORTS FOR SCHOOL PERSONNEL | | | | | |
|--|--|------------------------|-----------|----------|----------|
| Aids, Services, Program Accommodations/Modifications, and/or Supports | To Support: | Start/End Date | Frequency | Duration | Location |
| | <input type="checkbox"/> Student <input type="checkbox"/> Personnel | / / - / / / | | | |
| <input type="checkbox"/> Supports for school personnel were considered by the IEP team and not needed at this time due to student needs: (Rationale) | | | | | |

Supplementary Aids, Services, Program Accommodations/Modifications, and/or Other Supports for School Personnel or for Student or On Behalf of the Student: Document the supplementary aids and services and/or supports for student and school personnel. Document accommodations and/or modifications that will be needed for the student to progress toward annual goals, participate in the general curriculum, participate in extra-curricular activities and be educated with other students with disabilities and/or with non-disabled students.

Remember **accommodations** do not fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria whereas **modifications** fundamentally alter or lower expectations on assignment. For each line, indicate if the supports are for the student or for personnel by checking the appropriate box in the grid, the start and end dates, frequency, duration, and location.

Supports for school personnel were considered by the IEP team and not needed at this time due to Student Needs (Rationale): Document that the IEP team had a discussion regarding supports for school personnel and that NO supports are needed at this time. Indicate the rationale of the team's decision. An example may be that the team felt consultation or training with staff was not necessary at this time because the teacher has the training and skills necessary to meet the child's needs.

Services Examples: The chart below displays one example of each category: accommodation, modification, and service.

| Example of each category | Aids, Services, Program Accommodations/Modifications, and/or Supports | To Support: | Start/End Date | Frequency | Duration | Location |
|--|--|---|------------------------|-----------|----------|---------------|
| <i>Accommodation</i> (Example) | Read directions aloud | <input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel | 8/08/2010 8/08/2011 | Daily | 5 Min. | 510-Classroom |
| <i>Modification</i> (Example) | Use a calculator | <input checked="" type="checkbox"/> Student <input type="checkbox"/> Personnel | 8/08/2010 8/08/2011 | Daily | 45 Min. | 510-Classroom |
| <i>Service</i> (Example) | Consultation on adaptations to general education PE activities with APE Specialist | <input type="checkbox"/> Student <input checked="" type="checkbox"/> Personnel | 8/08/2010 8/08/2011 | 2x Month | 15 Min. | 510-Classroom |



NOTE: A direct service should be listed under the Services area on the IEP. An indirect service is typically listed under Supplementary Aids and Services on the IEP. Services provided to adults (such as consultation and/or collaboration) are listed only under supplemental services.



NOTE: For students in a NPS ONLY or students receiving itinerate services from RCOE, who are receiving a consult/collaborative service; the service is to be listed in the Special Education Related Services area and NOT in the supplementary aides and services area.

SPECIAL EDUCATION AND RELATED SERVICES

| | | |
|------------|--|--------------------|
| Service: | Start Date: __/__/__ | End Date: __/__/__ |
| Provider: | <input type="checkbox"/> Individual <input type="checkbox"/> Group | |
| Frequency: | Duration: | Location: |
| Comments: | | |

Special Education and Related Services: The team determines the special education and related services that would provide educational benefit and facilitate progress on the goals for the student. Identify the type of service from the CALPADS list below. Add comments, if appropriate.



NOTE: It is recommended to not list services as ___ times yearly. Please use monthly or per semester as another option. There are only a few services that require yearly.



SEIS NOTES: Under Frequency, there are only choices for daily, weekly, monthly, yearly and “any other frequency as needed”. When using any other frequency as needed, you **MUST** list the specific frequency in the comment section of this specific service. This is where you can indicate choices that are not in the dropdown menu such as semester, quarterly, etc. You cannot use any other frequency as needed without specifying the particular frequency that is being provided. Simply using “as needed” is **NEVER** an option to describe frequency.



NOTE: 900 Service Code: The services offered under this service code must be specified in the SELPA Annual Service Plan each year. The 21-22 designation for 900 –Other Service Code is for transportation as a related service. Please see following note for more description. If a service cannot be listed using another service code (by service definition) and cannot be designated using the 900 Service code, the service must be spelled out in the Supplementary Aides and Services area of the Services Page and cannot be entered in the Service grid.



NOTE: Include transportation services for those students who are receiving transportation as a related service due to a unique need based on their eligibility (900 service code). Please do **NOT** list transportation as a related service on the Services page if the student is only receiving transportation because the program is not located at the home school. This is only documented on the Special Factors page.



NOTE: Any student who is aging out and will be attending ESY (per IEP) should have the services and IEP date continue until the end of ESY. In addition, the student should be exited with exit code 73 – reached maximum age. This is important to ensure correct reporting to CALPADS.




SEIS NOTES: There are two checkboxes available for each service in the service grid, Do Not Report (DNR) and Do Not Print. The DNR should be checked when a service(s) needs to print on the IEP but should not be reported for CALPADS. An example of this would be when a student has duplicate services. The Do Not Print checkbox should be used very rarely. This is for services that need to be reported to CALPADS but should not print on the official copy of the IEP. This can be used for services agreed to on a settlement but are not the LEA’s offer

of FAPE or to report services that are being offered on a private school Individual Service Plan (ISP) but are not the offer of FAPE on the IEP. Except in specific circumstances, the services reported for CALPADS should be the same as those printed on the IEP form. Use caution using either of these checkboxes.

Special Instruction

| | | |
|-----|--|--|
| 330 | Specialized Academic Instruction | Adapting, as appropriate, to the needs of the child with a disability the content, methodology, or delivery of instruction to ensure access of the child to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children. (34 CFR 300.39(b)(3)). |
| 340 | Intensive Individual Services | Individualized Education Program (IEP) Team determination that student requires additional support for all or part of the day to meet his or her IEP goals. |
| 350 | Individual and Small Group Instruction | Instruction delivered one-to-one or in a small group as specified in an IEP enabling the individual(s) to participate effectively in the total school program (30 EC 56441.2, 5 CCR 305.1) |

Related Services

 ***NOTE: It is very important that the Code 350 service provided by the related service independence assistance (RSIA) be identified from the list of options below. For example:***

Health

| | | | |
|--|------------------------------|---|--------------------------|
| Service: 435 RL: Health and Nursing-Specialized physical health care services | | Start Date: 6/10/10 | End Date: 6/10/11 |
| Provider: District of Service | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group | |
| Frequency: 5 times/week | Duration: 300 minutes | Location: 520-separate class in public integrated facility | |

| | | |
|-----|----------------------------|--|
| 415 | Language and Speech | <p>Services provide remedial intervention for eligible individuals with difficulty understanding or using spoken language. The difficulty may result from problems with articulation (excluding abnormal swallowing patterns, if that is the sole assessed disability); abnormal voice quality, pitch, or loudness; fluency; hearing loss; or the acquisition, comprehension, or expression of spoken language. Language deficits or speech patterns resulting from unfamiliarity with the English language and from environmental, economic, or cultural factors are not included.</p> <p>Services include: specialized instruction and services, monitoring, reviewing, and consultation. Services may be direct or indirect including the use of a speech consultant.</p> |
| 425 | Adapted Physical Education | <p>Direct physical education services provided by an adapted physical education specialist to pupils who have needs that cannot be adequately satisfied in other physical education programs as indicated by assessment and evaluation of motor skills performance and other areas of need. It may include individually designed developmental activities, games, sports and rhythms, for strength development and fitness, suited to the capabilities, limitations, and interests of individual students with disabilities who may not safely, successfully or meaningfully engage in unrestricted participation in the vigorous activities of the general or modified physical education program. (CCR Title 5 §3051.5).</p> |

| | | |
|-----|---|--|
| 435 | Specialized Physical Health Care Services | Health care services means those health services prescribed by the child's licensed physician and/or surgeon, requiring medically related training of the individual who performs the services and which are necessary during the school day to enable the child to attend school (CCR §3051.12(b)(1)(A)). Specialized physical health care services include but are not limited to suctioning, oxygen administration, catheterization, nebulizer treatments, insulin administration and glucose testing (CEC 49423.5 (d)). |
| 436 | Health and Nursing: Other Services | <p>This includes services that are provided to individuals with exceptional needs by a qualified individual pursuant to an IEP when a student has health problems which require nursing intervention beyond basic school health services. Services include managing the health problem, consulting with staff, group and individual counseling, making appropriate referrals, and maintaining communication with agencies and health care providers. These services do not include any physician-supervised or specialized health care service.</p> <p>IEP-required health and nursing services are expected to supplement the regular health services program. (34 CFR 300.34; CCR Title 5 §3051.12 (a)).</p> |
| 445 | Assistive Technology Services | Any specialized training or technical support for the incorporation of assistive devices, adapted computer technology, or specialized media with the educational programs to improve access for students. The term includes a functional analysis of the student's needs for assistive technology; selecting, designing, fitting, customizing, or repairing appropriate devices; coordinating services with assistive technology devices; training or technical assistance for students with a disability, the student's family, individuals providing education or rehabilitation services, and employers. (34 CFR Part 300.6). |
| 450 | Occupational Therapy | <p>Includes services to improve student's educational performance, postural stability, self-help abilities, sensory processing and organization, environmental adaptation and use of assistive devices, motor planning and coordination, visual perception and integration, social and play abilities, and fine motor abilities.</p> <p>Both direct and indirect services may be provided within the classroom, other educational settings or the home; in a group or on an individual basis; and may include therapeutic techniques to develop abilities; adaptations to the student's environment or curriculum; and consultation and collaboration with other staff and parents. Services are provided, pursuant to an Individualized Education Program (IEP), by a qualified occupational therapist registered with the American Occupational Therapy Certification Board. (CCR Title 5 §. 3051.6, EC Part 30 §56363).</p> |

| | | |
|-----|------------------|---|
| 460 | Physical Therapy | These services are provided, pursuant to an Individualized Education Program (IEP), by a registered physical therapist, or physical therapist assistant, when assessment shows a discrepancy between gross motor performance and other educational skills. Physical therapy includes, but is not limited to, motor control and coordination, posture and balance, self-help, functional mobility, accessibility and use of assistive devices. Services may be provided within the classroom, other educational settings or in the home; and may occur in groups or individually. These services may include adaptations to the student's environment and curriculum, selected therapeutic techniques and activities, and consultation and collaborative interventions with staff and parents. (B&PC Ch. 5.7, CCR Title 5 §3051.6, EC Part 30 §56363, GC-Interagency Agreements Ch. 26.5 §7575(a)(2)). |
|-----|------------------|---|

Behavior and Mental Health Services

| | | |
|-----|-------------------------|--|
| 510 | Individual Counseling | One-to-one counseling, provided by a qualified individual pursuant to an IEP. Counseling may focus on aspects, such as educational, career, personal; or be with parents or staff members on learning problems or guidance programs for students. Individual counseling is expected to supplement the regular guidance and counseling program. (34 CFR § 300.24(b)(2), (CCR Title 5 §3051.9). |
| 515 | Counseling and guidance | Counseling in a group setting, provided by a qualified individual pursuant to an IEP. Group counseling is typically social skills development, but may focus on aspects, such as educational, career, personal; or be with parents or staff members on learning problems or guidance programs for students. IEP-required group counseling is expected to supplement the regular guidance and counseling program. (34 CFR §300.24. (b)(2)); CCR Title 5 §3051.9) Guidance services include interpersonal, intrapersonal or family interventions, performed in an individual or group setting by a qualified individual pursuant to an IEP. Specific programs include social skills development, self-esteem building, parent training, and assistance to special education students supervised by staff credentialed to serve special education students. These services are expected to supplement the regular guidance and counseling program. (34 CFR 300.306; CCR Title 5 §3051.9). |
| 520 | Parent Counseling | Individual or group counseling provided by a qualified individual pursuant to an Individualized Education Program (IEP) to assist the parent(s) of special education students in better understanding and meeting their child's needs; may include parenting skills or other pertinent issues. IEP-required parent counseling is expected to supplement the regular guidance and counseling program. (34 CFR §300.31(b)(7); CCR Title 5 §3051.11). |

| | | |
|-----|--------------------------------|--|
| 525 | Social Work Services | Services provided pursuant to an Individualized Education Program (IEP) by a qualified individual, includes, but are not limited to, preparing a social or developmental history of a child with a disability; group and individual counseling with the child and family; working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; and mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program. Social work services are expected to supplement the regular guidance and counseling program. (34 CFR §300.24(b)(13); CCR Title 5 §3051.13). |
| 530 | Psychological Services | <p>These services, provided by a credentialed or licensed psychologist pursuant to an Individualized Education Program (IEP), include interpreting assessment results to parents and staff in implementing the IEP; obtaining and interpreting information about child behavior and conditions related to learning; planning programs of individual and group counseling and guidance services for children and parents.</p> <p>These services may include consulting with other staff in planning school programs to meet the special needs of children as indicated in the IEP. (CFR Part 300 §300.24).</p> <p>IEP-required psychological services are expected to supplement the regular guidance and counseling program. (34 CFR §300.24; CCR Title 5 §3051.10).</p> |
| 535 | Behavior Intervention Services | A systematic implementation of procedures designed to promote lasting, positive changes in the student's behavior resulting in greater access to a variety of community settings, social contacts, public events, and placement in the least restrictive environment. (CCR Title 5 §3001(d)). |
| 540 | Day Treatment Services | Structured education, training and support services to address the student's mental health needs. (Health & Safety Code, Div.2, Chap.3, Article 1, 1502(a)(3)). |
| 545 | Residential Treatment Services | A 24-hour out-of-home placement that provides intensive therapeutic services to support the educational program. (Welfare and Institutions Code, Part 2, Chapter 2.5, Art. 1, §5671)). |

Low Incidence Services

| | | |
|-----|--|--|
| 610 | Specialized Services for Low Incidence Disabilities | Low incidence services are defined as those provided to the student population of orthopedically impaired (OI), visually impaired (VI), deaf, hard of hearing (HH), or deaf-blind (DB). Typically, services are provided in education settings by an itinerant teacher or the itinerant teacher/specialist. Consultation is provided to the teacher, staff and parents as needed. These services must be clearly written in the student's Individualized Education Program (IEP), including frequency and duration of the services to the student. (CCR Title 5 §3051.16 & 3051.18). |
| 710 | Specialized Deaf and Hard of Hearing/Hearing Impairment Services | These services include speech therapy, speech reading, auditory training and/or instruction in the student's mode of communication. Rehabilitative and educational services; adapting curricula, methods, and the learning environment; and special consultation to students, parents, teachers, and other school personnel may also be included. (CCR Title 5 §3051.16 and 3051.18). |

| | | |
|-----|---------------------------------|--|
| 715 | Interpreter Services | <p>Sign language interpretation of spoken language to individuals, whose communication is normally sign language, by a qualified sign language interpreter.</p> <p>This includes conveying information through the sign system of the student or consumer and tutoring students regarding class content through the sign system of the student. (CCR Title 5, §3051.16).</p> |
| 720 | Audiological Services | <p>These services include measurements of acuity, monitoring amplification, and frequency modulation system use. Consultation services with teachers, parents or speech pathologists must be identified in the Individualized Education Program (IEP) as to reason, frequency and duration of contact; infrequent contact is considered assistance and would not be included. (CCR Title 5 §3051.2).</p> |
| 725 | Specialized Vision Services | <p>This is a broad category of services provided to students with visual impairments. It includes assessment of functional vision; curriculum modifications necessary to meet the student's educational needs, including Braille, large type, and aural media; instruction in areas of need; concept development and academic skills; communication skills (including alternative modes of reading and writing); social, emotional, career, vocational, and independent living skills.</p> <p>It may include coordination of other personnel providing services to the students (such as transcribers, readers, counselors, orientation and mobility specialists, career/vocational staff, and others) and collaboration with the student's classroom teacher. (CAC Title 5 §3030(d), EC 56364.1).</p> |
| 730 | Orientation and Mobility | <p>Students with identified visual impairments are trained in body awareness and to understand how to move. Students are trained to develop skills to enable them to travel safely and independently around the school and in the community. It may include consultation services to parents regarding their children requiring such services according to an Individualized Education Program (IEP).</p> |
| 735 | Braille Transcription | <p>Any transcription services to convert materials from print to Braille. It may include textbooks, tests, worksheets, or anything necessary for instruction. The transcriber should be qualified in English Braille as well as Nemeth Code (mathematics) and be certified by appropriate agency.</p> |
| 740 | Specialized Orthopedic Services | <p>Specially designed instruction related to the unique needs of students with orthopedic disabilities, including specialized materials and equipment. (CAC Title 5, §3030(e) & 3051.16).</p> |
| 745 | Reader Services | <p>Any specialized assistance provided for students who are print-impaired, whether the impairment is the result of a visual disability, other physical disability, or reading disability. This may include but is not limited to, readers provided for examinations, textbooks, and other course related reading assignments and may also include recorded materials.</p> |

| | | |
|-----|--|--|
| 750 | Note Taking Services | Any specialized assistance given to the student for the purpose of taking notes when the student is unable to do so independently. This may include, but is not limited to, copies of notes taken by another student, transcription of tape-recorded information from a class, or aide designated to take notes. This does not include instruction in the process of learning how to take notes. |
| 755 | Transcription Services | Any transcription service to convert materials from print to a mode of communication suitable for the student. This may also include dictation services as it may pertain to textbooks, tests, worksheets, or anything necessary for instruction. |
| 760 | Recreation Services, Includes Therapeutic Recreation | Therapeutic recreation and specialized instructional programs designed to assist pupils to become as independent as possible in leisure activities, and when possible and appropriate, facilitate the pupil's integration into general recreation programs. (CAC Title 5, §3051.15; 20 USC 1401(26(A)(1)) (34 CFR 300.24). |

Transition

| | | |
|-----|--|--|
| 820 | College Awareness Preparation | The result of acts that promote and increase student learning about higher education opportunities, information and options that are available including, but not limited to, career planning, course prerequisites, admission eligibility and financial aid. |
| 830 | Vocational Assessment, Counseling, Guidance, and Career Assessment | Organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment and may include provision for work experience, job coaching, development and/or placement, and situational assessment. This includes career counseling to assist student in assessing his/her aptitudes, abilities, and interests in order to make realistic career decisions. (Title 5 §3051.14). |
| 840 | Career Awareness | Transition services include a provision in paragraph (1)(c)(vi), self-advocacy, career planning, and career guidance. There is a need for coordination between this provision and the Perkins Act to ensure that students with disabilities in middle schools will be able to access vocational education funds. (34 CFR-§300.29). |
| 850 | Work Experience Education | Organized educational programs that are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree. (34 CFR 300.26). |
| 855 | Job Coaching | A service that provides assistance and guidance to an employee who may be experiencing difficulty with one or more aspects of the daily job tasks and functions. The service is provided by a job coach who is highly successful, skilled, and trained on the job who can determine how the employee that is experiencing difficulty learns best and formulate a training plan to improve job performance. |
| 860 | Mentoring | A sustained coaching relationship between a student and teacher through on-going involvement and offers support, guidance, encouragement, and assistance as the learner encounters challenges with respect to a particular area such as acquisition of job skills. Mentoring can be either formal as in planned, structured instruction or informal that occurs naturally |

| | | |
|-----|--|--|
| | | through friendship, counseling and collegiality in a casual, unplanned way. |
| 865 | Agency Linkages (referral and placement) | Service coordination and case management that facilitates the linkage of individualized education programs under this part and individualized family service plans under part C with individualized service plans under multiple Federal and State programs, such as Title I of the Rehabilitation Act of 1973 (vocational rehabilitation), Title XIX of the Social Security Act (Medicaid), and Title XVI of the Social Security Act (supplemental security income). (34 CFR §613). |
| 870 | Travel Training (includes mobility training) | Orientation and mobility services-- (i) Means services provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community. |
| 890 | Other Transition Services | These services may include program coordination, case management and meetings, and crafting linkages between schools and between schools and postsecondary agencies. |
| 900 | Other Special Education/Related Service | Any other specialized service required for a student with a disability to receive educational benefit. This service must be included in the California Department of Education (CDE) approved Local Plan. |



SEIS NOTES: If a service will be ending for a student (or all services ending for a student), please process that service as discontinued and enter the appropriate end date. Once the IEP is affirmed, you can choose to delete the discontinued service right away or leave it in place until the next IEP is held. It should not remain on the next Plan Review IEP held for the student.



NOTE: When a student is receiving the same service by two different providers, enter the service twice on the IEP, denoting each name of the service provider/agency. If the same provider is providing two different versions of the same service code, document both on the IEP and in SEIS denote the service that uses less frequency and duration as "DNR".

Start and End Date: Indicate the start/end dates for when the service(s) will begin and end. This will often be the same start/end dates for the primary service on the IEP.

Provider: Indicate name of agency providing service (do not list person's name).



NOTE: When a student has RCOE as a District of Service but receives specific services thorough their District of Residence (Not RCOE), the service provider for those specific services will be listed as, "130- Another district, county, or SELPA." Also, within the comment line, add, "District of Residence will be providing the services to the student" to correctly identify the provider.

Individual/Group: Check individual or group to indicate appropriate setting.



NOTE: It is not appropriate to mark both individual and group on the same service line. If the student will be receiving both individual and group sessions of a service, each must

be written as its own separate service line to reflect the provider, frequency, location and duration of each version of the service. Two “like” service codes with the same provider will result in a duplicate service warning in SEIS. To resolve this, as stated in the SEIS Note on page 49, mark the lesser received service DNR.

Frequency: Indicate the frequency of the service being provided (e.g., daily, weekly, monthly, yearly, or any other frequency).

Duration: Indicate number of times per frequency (i.e., 3 hours per day, 30 minutes twice weekly). (See CALPADS for examples).

Location: Select from the following options, the location of where the service will be provided to the student.

- 210** Home instruction based on IEP team determination (not medical)
- 220** Hospital
- 310** Headstart Program
- 320** Child development or childcare facility
- 330** Public preschool
- 340** Private preschool
- 350** Extended day care
- 360** Residential facility
- 510** Regular classroom/public day school – This includes students who are fully included in general education classrooms. Also includes students who are seen under a “push in” model in the general education classroom and students who receive related services in the general education classroom. Additionally, students who receive services in a setting that includes other students with special needs are included here if there are general education students who are “reverse mainstream” students in that class for that portion of the day.
- 520** Separate class in public integrated facility – This includes students receiving their services under a “special day class” model, students in special education “pull-out” services, including RSP and related services, etc.
- 530** State Special School
- 540** Separate school or special education center or facility
- 550** Public residential school
- 560** Other public school or facility
- 570** Charter school operated by an LEA/district
- 580** Virtual Platform
- 610** Continuation school
- 620** Alternative work education center/work study
- 630** Juvenile court school
- 640** Community school
- 650** Correctional institution or facility
- 710** Community college
- 720** Adult education facility
- 810** Nonpublic day school
- 820** Nonpublic residential school-in California
- 830** Nonpublic residential school-outside California
- 840** Private day school (not certified by CDE Special Education Division)
- 850** Private residential school (not certified by CDE Special Education Division)
- 860** Parochial school
- 890** Service provider location – This would include CMH Outpatient Services provided at a clinic or other outside medical/therapeutic setting.
- Any other location or setting



NOTE: Residential Services: Code residential services as "Daily" in "Frequency" and 1,440 minutes under "Duration" as the service by its nature is provided 24/7. Any other mental health service received (i.e., individual and/or group counseling, etc.), in addition to the residential care service, would reflect the specific frequency and duration of that service. These services would be seen as layered onto the residential care service.

| | | |
|---|--|----------------------|
| EXTENDED SCHOOL YEAR (ESY) <input type="checkbox"/> Yes or <input type="checkbox"/> NO Rationale: _____ | | |
| ESY TRANSPORTATION <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Extended School Year (ESY): | Start Date: __/__/____ | End Date: __/__/____ |
| Provider: | <input type="checkbox"/> Individual <input type="checkbox"/> Group | |
| Frequency: | Duration: | Location: |
| Comments: | | |

Extended School Year (ESY): Discuss if student needs ESY to receive FAPE. Check yes or no and list rationale. Team should document that the ESY forms have been completed to make the determination of yes or no. Other options for rationale could include:

- Without ESY programming, it is likely that the student will experience significant regression in his or her skills.
- The student is likely to experience a limited (including unduly delayed) recoupment capacity following a summer break without ESY programming.
- Based on current data, student does not have an issue with recoupment or regression following school breaks.
- After completing the attached ESY worksheet, the IEP team determined that ESY is/is not required.

If yes, indicate whether the student will require transportation as a related service during ESY. DO NOT indicate transportation for anything other than ESY in this box. Specify in the grid the service(s) the student will receive, start and end date, provider, frequency, duration, and location. Dates of ESY services may reflect either exact ESY calendar dates (if using, please specify frequency as yearly and duration as minutes per day x the number of days in your ESY) or if those dates are not determined, the same dates as the Plan Review IEP. Add comments, if appropriate.



NOTE: ESY shall be provided to a student with a disability who the IEP team deems requires special education and related services in excess of the regular academic year. Such students shall have disabilities which are likely to continue indefinitely or for a prolonged period of time, and interruption of the student's educational programming may cause regression, when coupled with limited recoupment capacity, rendering it impossible or unlikely that the student will attain the level of self-sufficiency and independence that would otherwise be expected in view of his or her disability. (5 CCR 3043)



NOTE: Please see the RC SELPA ["Guidelines for Determining Extended School Year"](#) for process and appropriate forms to assist in making the decision.

NOTE: All special education services must be continuous with NO BREAKS. Therefore, dates documented on an IEP must indicate that services continue through this school year and into the next school year. For example:

- Student moving from RSP (2021-22) to SDC (2022-23)
- Student moving from GRASP to LEA program

- Student moving from Elementary School District to High School District
- Student moving from Elementary to Middle school or Middle School to High School within the same LEA

Please see the following two examples:

- ***Documenting transition of a student who DOES NOT have ESY on the IEP***

| | | |
|---|----------------------------|--------------------------|
| Service: 330 Specialized Academic Instruction | Start Date: 04 / 21 / 2021 | End Date: 06 / 30 / 2021 |
| Provider: District of Service | Individual Group | |
| Frequency: daily | Duration: 120 minutes | Location: 510 |
| Service: 330 Specialized Academic Instruction | Start Date: 07 / 1 / 2021 | End Date: 04 / 20 / 2022 |
| Provider: District of Service | Individual Group | |
| Frequency: daily | Duration: 240 minutes | Location: 520 |

- ***Documenting transition of a student into a new placement with ESY services on their IEP. The dates would show the end date of the prior year service one day before the first day of school in the new school year. The start date of the new years' service would be the first day of school.***
- ***Remember: ESY is an extension of the prior school year and offer of FAPE.***

| | | |
|---|----------------------------|--------------------------|
| Service: 330 Specialized Academic Instruction | Start Date: 04 / 21 / 2021 | End Date: 08 / 16 / 2021 |
| Provider: District of Service | Individual Group | |
| Frequency: daily | Duration: 120 minutes | Location: 510 |
| Service: 330 Specialized Academic Instruction | Start Date: 08 / 17 / 2021 | End Date: 04 / 20 / 2022 |
| Provider: District of Service | Individual Group | |
| Frequency: daily | Duration: 240 minutes | Location: 520 |

In completing the IEP in this manner, we are able to easily establish the services that end in the previous year and those that extend through ESY.

Rationale:

- ESY – LEA providing services in 2021-2022 is responsible for ESY services in 2022

For students that exit your LEA (i.e., moving, etc.) please make sure the **exit date** reflects the actual date the student left your LEA regardless of the service dates on the IEPs.



Educational Benefit Reminders:

- Are all the options considered documented?
- *Are supplementary aids, services, supports for student and/or school personnel, and accommodations/modifications listed? Are start/end date, frequency, duration and location identified?*
- *Are special education and related services identified? Are start/end date, provider, individual/group, frequency, duration, and location identified?*
- *Are extended school year services addressed? If yes, are specific services, start/end date, provider, frequency, duration, and location addressed? Is transportation addressed?*
- *Are the appropriate services identified to support progress toward all goals, including progress in the general curriculum, participation in extracurricular and other nonacademic activities?*
- *If the transition to a new program, school or grade level is not agreed to by the parents, clarify in the notes that the LEA will follow up with an IEP meeting.*

Name: _____ Birth Date: __/__/____ IEP Date: __/__/____

Name: Specify the full name of the student. Birth Date: Indicate the exact date of birth.

IEP Date: Indicate the exact date of the IEP.

District of Service: _____ School of Attendance: _____ School Type: _____

District of Service: Specify LEA that will provide the majority of services to the student.

School of Attendance: Identify the school where the student will receive recommended services.



NOTE: Only 1 Program Setting field can be completed on the Educational Setting Page for each IEP meeting. The one you populate should match the student's status on the date of the IEP Meeting. Either populate the Preschool Program Setting Code or the Program Setting Code for school-age students. Do not complete both fields. If the student will be changing Program Setting Codes from preschool to school-age, use the Projected Program Setting code fields.

Preschool Program Setting (3-5 year old Preschool and 4 year-old TK/Kgn):

Note: Answer items below for students ages 3-5 in 201-Regular Early Childhood Program and 4 year-old TK/Kgn

The location where the student receives the majority of their special education services the same as above:

☐ Same as above

☐ Different from above

Is the regular Early Childhood Program or Kindergarten program ten hours per week or greater ☐ Yes ☐ No

Preschool Program Setting (3-5 year old Preschool and 4 year-old TK/Kgn): Indicate the type of school setting the student attends based upon the options below. If the student is in grade level preschool (ages 3 – 5) or in TK/K and age 4 on the IEP Meeting date, this category is completed.

- 200 Home
- 201 Regular early childhood program or kindergarten
- 203 Separate class
- 204 Service Provider Location
- 300 Separate school
- 301 Residential facility



NOTE: The following two fields will only be completed if 201 Regular Early Childhood Program is chosen in the Preschool Program Setting Code above. If 201 is not chosen, please leave these fields blank.

The location where the student receives the majority of their special education services the same as above: Indicate if the location stays the same as above or is different from above.

Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater? Mark either yes or no to indicate if the program is 10 hours per week or more.

The following additional areas allow the IEP team to state a student's program setting will change during the life of the IEP, instead of indicating the current program setting code and relevant extra information then having to adjust it later on. This section is not required and only needs to be completed if it applies.

☐ IEP team is prepared to project an additional Preschool Program Setting:

IEP team is prepared to project an additional Preschool Program Setting: Indicate if the IEP team has determined an additional Preschool Program Setting is necessary.

Start Date ____/____/____ Preschool Program Setting (3-5 year old Preschool and 4 year-old TK/Kgn):

Preschool Program Setting (3-5 year old Preschool and 4 year-old TK/Kgn with the duration of this IEP): Indicate the Start date as well as the Preschool Program Setting.

The location where the student receives the majority of their special education services the same as above: ☐ Same as above ☐ Different from above__

(Only complete if 201 Regular Early Childhood Program is chosen in the Projected Preschool Program Setting field.)

The location where the student receives the majority of their special education services the same as above: Indicate if the location stays the same as above or is different from above as of the start date listed.

Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater?
☐ Yes ☐ No

(Only complete if 201 Regular Early Childhood Program is chosen in the Projected Preschool Program Setting field.)

Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater? Mark either yes or no to indicate if the program is 10 hours per week or more.

Program Setting (TK/Kgd or greater, ages 5-22): _____

(Note: Percentage of time is required for those that will be 5 and in grades TK/Kindergarten or higher within the duration of this IEP)

_____% of time student is outside the general education environment and extracurricular & non academic activities

_____% of time student is in the general education environment and extracurricular & non academic activities

Program Setting (TK/Kgd or greater, ages 5-22): Indicate the type of school setting the student attends. If the student turns 5 years old **and** is in TK or Kindergarten grade level on the IEP Meeting date, this category must be completed.

- 300 Separate school (Center for Learning and Development in Palm Springs or Alessandro in Moreno Valley ONLY)
- 301 Residential facility
- 400 Regular classroom/public day school - Select if the student attends classes on a general education school campus regardless of the type of program
- 401 Homebound/hospital
- 402 Correctional facility
- 403 Parentally placed in private school
- 500 Regular Independent Study or Virtual Charter

Percentage of Time Outside/Inside the General Education Environment: Document the percentage of time the student is **outside** the general environment and document percentage of time student is **in** the general education environment. **To calculate the percentage of time inside the gen ed classroom, divide the number of hours the student spends inside the gen ed classroom (including lunch, recess and study periods) by the total number of hours in the school day. **The result is multiplied by 100.**



NOTE: The percentage of time in Regular Ed is required for students with Program Setting Codes for students who are 5 and TK/K and higher. It is not required for students with a Preschool Program Setting Code, but can be entered if desired.

The following additional areas allow the IEP team to state a student's program setting will change during the life of the IEP, instead of indicating the current program setting code and relevant extra information then having to adjust it later on. This section is not required and only needs to be completed if it applies.

| |
|---|
| <input type="checkbox"/> IEP team is prepared to project an additional Program Setting: |
|---|

IEP team is prepared to project an additional Program Setting: Indicate if the IEP team has determined an additional Program Setting is necessary during the duration of the IEP.

| |
|---|
| Start Date ____/____/____ Program Setting (TK/Kgd or greater, ages 5-22 within duration of this IEP): |
|---|


Program Setting (TK/Kgd or greater, ages 5-22 within duration of this IEP): Indicate the Start date as well as the Program Setting.

| |
|--|
| _____% of time student is outside the general education environment and extracurricular & non academic activities _____% of time student is in the general education environment and extracurricular & non academic activities |
|--|

Percentage of Time Outside/Inside the General Education Environment: *To be completed for new program setting.* Document the percentage of time the student is **outside** the general environment and document percentage of time student is **in** the general education environment. **To calculate the percentage of time inside the gen ed classroom, divide the number of hours the student spends inside the gen ed classroom (including lunch, recess and study periods) by the total number of hours in the school day. **The result is multiplied by 100.** This should reflect the Percentage of Time that will be in effect as of the Start Date entered.

All special education services provided at student's school of residence? ☐ Yes ☐ No (rationale) _____

All Special Education Services Provided at Student's School of Residence: Check yes or no to the question. If the team determines "no," rationale must be documented.

 **NOTE: For those students who are NOT receiving services at their school of residence, indicate NO and the rationale may include that student is attending on an approved inter or intra-district transfer.**

List out Student's non academic activities (i.e., lunch, recess, extra curricular activities) in relation to their same age peers: _____

List Out Student's Non Academic Activities: Write the students' non-academic activities, In relation to their same age peers (i.e., lunch, recess, extra curricular activities)

Student will not participate in the general education environment and extracurricular & non academic activities for _____ because: _____

Student Will Not Participate in the General Education Environment: Document the general education environment(s) student will not participate in with typically developing peers. Provide rationale for non-participation (e.g., English Language Arts because [student] needs individualized attention and small group instruction to develop skills regular peers have already mastered). This is rationale for the service(s) being the student's LRE.

In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs: _____

In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs: Give consideration to any harmful effects the services or placement may have on the student, this should include interactions with peers and academics.

Some examples may include:

IEP team discussed the following potential harmful effects of this placement -

- decreased access to the instructional opportunities available in integrated settings
- decreased access to instructional opportunities with typical peers
- decreased opportunities for appropriate social interactions with typically-developing peers
- potential negative impact to student's self-esteem
- limited access to peers in the home community since placement is not located at the student's school of residence


IEP team does not believe there will be any significant harmful effects and determined ____'s needs outweigh any minimal harmful effects at this time.

Are additional assessments needed? ☐ Yes ☐ No In the area(s) of: _____

Are Additional Assessments Needed: Note if the IEP team deems that further assessments are or are not required. If yes, specify in what area, (e.g., speech/language, APE, OT, etc.).

| OTHER AGENCY SERVICES | | | |
|---|--|---|---|
| <input type="checkbox"/> California Children's Services (CCS) | <input type="checkbox"/> Department of Social Services (DSS) | <input type="checkbox"/> Department of Rehabilitation | |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Regional Center | <input type="checkbox"/> Other _____ | <input type="checkbox"/> County Mental Health (CMH) |

Other Agency Services: Check box(es) of other agency(ies) providing services to student.

 **NOTE: Documentation of CCS services should be clearly listed in this part of the IEP. Use this section of the Education Setting page to identify CCS as another agency working with the student. Services provided by CCS should be documented in the IEP team meeting comments page, not on the Services page. An example of documenting could be: CCS is working on ____; They will provide updated reports _____. (Quarterly, etc.) Please see RC SELPA's ["Guidelines And Tools For Educationally Necessary Occupational And/Or Physical Therapy"](#) (pg 30) for more information about CCS.**

| | | | |
|----------------------------|-----------------------------------|--|--------------------------------------|
| Promotion Criteria: | <input type="checkbox"/> District | <input type="checkbox"/> Progress on Goals | <input type="checkbox"/> Other _____ |
|----------------------------|-----------------------------------|--|--------------------------------------|

Promotion Criteria: Check appropriate box.


| | | | | |
|--|--|--|---------------------------------------|---------------------------------------|
| Parents will be informed of progress. | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Trimester | <input type="checkbox"/> Semester | <input type="checkbox"/> Other: _____ |
| How? | <input type="checkbox"/> Annotated Goals | <input type="checkbox"/> Progress Summary Report | <input type="checkbox"/> Other: _____ | |

Parents Will Be Informed of Progress and How: Check the frequency of the progress reports and the how progress will be reported.

ENSURE THAT BOTH QUESTIONS ARE ADDRESSED


| ACTIVITIES TO SUPPORT TRANSITION |
|--|
| (e.g., preschool to kindergarten, special education to general education class, 8 th – 9 th grade, NPS to public school). For those students in a NPS setting, yearly the IEP team must consider whether or not the needs of the pupil continue to be best met at the nonpublic school and whether the pupil may be transitioned to a public school setting. |

Activities to Support Transition: If the student is going through a transition (e.g., preschool to kindergarten, Special Ed to General Ed, home to school, etc.), document the activities that will be completed to support a smooth transition.

 **NOTE: If the student is attending an NPS, the IEP Team is required to address what the NPS, or LEA is providing to the student to help transition the student back to a less restrictive environment (e.g., Personalized academic instruction and positive behavioral supports are provided to help student develop skills needed in public school.)**

| | |
|--|--|
| PROJECTED GRADUATION DATE and/or secondary completion date ____ / ____ / ____ | CREDITS REQUIRED FOR GRADUATION |
| Passed Algebra I? <input type="checkbox"/> No <input type="checkbox"/> Yes ____ / ____ / ____ | CREDITS EARNED |
| <input type="checkbox"/> To participate in curriculum leading to a DIPLOMA | CREDITS NEEDED |
| <input type="checkbox"/> To participate in curriculum leading to a CERTIFICATE OF COMPLETION | |

Graduation Plan: For students in grade 7 and higher, mark if student has passed Algebra 1 and on what date, indicate the projected graduation or completion date and check appropriate box to reflect if student will participate in curriculum leading to a Diploma or Certificate of Completion.

 **NOTE: The IEP Team must use caution when determining if the student will be working towards a high school diploma based on the general curriculum or a certificate of**

completion based on an alternate curriculum. Students must have the opportunity to work toward a diploma if they have the ability to do so. This must be considered on an annual basis. In addition, students who are working towards a diploma, but are unable to meet all state and local requirements may also be given a certificate.

Credits Required for Graduation: Starting in 8th grade, indicate how many credits are required for graduating with a diploma. Check with your LEA regarding this requirement.

Credits Earned: Starting in 9th grade, indicate how many credits have been earned towards meeting the graduation requirement.

Credits Needed: Starting in 9th grade, indicate how many credits the student still needs to meet the graduation requirement.



Educational Benefit Reminders:

- *Is the district of service, school of attendance, school type, and setting identified?*
- *Does percentage of time in and outside of the regular education classroom align with the services information?*
- *Is a rationale provided for removing the student from the regular education environment?*
- *Were other agency services considered?*
- *Do all team members, including parents, understand the promotion criteria and progress reporting requirements and methods?*
- *If appropriate, are activities clearly identified to support transition from preschool to kindergarten, nonpublic to public school, etc.?*
- *Is the high school completion plan identified for students in Grade 8 and above?*

SIGNATURE AND PARENT CONSENT

No pupil shall be required to participate in all or part of any special education program unless the parent is first informed, in writing, of the facts that make participation in the program necessary or desirable, and of the contents of the IEP, and after this notice, consents, in writing, to all or part of the IEP. If the parent does not consent to all the components of the IEP, then those components of the program to which the parent has consented shall be implemented so as not to delay providing instruction and services to the pupil. (EC 56346(e))

IEP Meeting Participants

IEP Meeting Participants: Have all meeting participants sign and date that they were in attendance. Make sure to include title if not already identified online. DO NOT sign for them.

Initials

CONSENT

Agreement

- ☐ I agree to all parts of the IEP.
☐ I agree with the IEP, with the exception of:
☐ I do not agree with this IEP.

Eligibility

- ☐ I understand and agree that my child is not eligible for special education.
☐ I understand and agree that my child is no longer eligible for special education.

Safeguards

- ☐ I have received a copy of the assessment report(s) and/or IEP at no charge.
☐ I have been advised of and given a copy of the Notice of Procedural Safeguards, as required once per year.

☐ I have been advised of the full continuum of service options.
☐ The school district facilitated parent involvement as a means of improving services and results for my child.

Private School

☐ My child is eligible for special education services. However, I choose to enroll my child in a private school at parent/guardian expense and understand that this IEP cannot be implemented by the school district in the private school.

☐ I choose to enroll my child in a private school and request an Individual Service Plan. **District of Service:**

Consent: Have the parent **initial** all appropriate areas.

- Have the parent initial if they agree in whole or in part to the IEP.
- If parent agrees only in part or does not agree with the IEP, document the areas they are not in agreement with and steps to resolve the disagreement on the IEP TEAM MEETING COMMENTS/CONTINUATION (with PWN as appropriate) PAGE.
- If team determines child is not eligible or no longer eligible, check the appropriate box on Form 1 under Disabilities. If the parent agrees, they initial on this line. If the parent does not agree, follow the steps noted above.
- Have parent initial they received copy of IEP and assessment report (if appropriate) at no charge.
- Have parent initial that they have been advised of and given a copy of procedural safeguards.
- Have parent initial that they were advised of the full continuum of program options relevant to their child's needs (as addressed on Services Page Form 5A).
- The School District Facilitated Parent Involvement: Have parent initial that they agree that the school district facilitated their involvement as a means of improving services and results for their child.
 - Please Note: When parent initials this area, enter YES in the Parent Input field on the CALPADS student page.
 - CDE is pulling data from this field to monitor and determine if parents have had meaningful participation!!!
- Students Enrolled in Private School by Their Parents: Parent initials if student is enrolled in private school by his/her parent at parent expense, even though student is eligible for special education services, and he/she understands that the IEP cannot be implemented.
- Have parent initial that they choose to enroll their child in a private school and request an Individual Service Plan (ISP). If ISP is required, indicate agency responsible for development of ISP and the provision of services.



NOTE: Students who are 3 to 5 year olds parentally placed in a private school that is preschool, TK or Kindergarten (that is not an NPS or nonsecretarian certified school) should have an IEP and are not eligible for an ISP.

Signature below is to authorize and confirm agreement with the areas initialed above:

Signature: _____

Date ____/____/____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult student

Signature: Have parent(s)/guardian/surrogate/adult student sign and date. Check the appropriate box to indicate relationship to student.

(IF APPLICABLE) I CONSENT to the review, access, processing of claims, and reimbursement of Medi-Cal benefits/information by the LEA and/or IEP team for services provided under this IEP, including, if appropriate, the provision of Targeted Case Management Services. Parent Signature: ☐ Yes ☐ No Date of Revocation: ____/____/____ (Collected behind the scenes!)

Medi-Cal: Have the parent sign to give permission for the LEA to be reimbursed by Medi-Cal for service provided. Inform the parents that this is completed confidentially through a third party and the LEA never knows which students are eligible. If the parents are charged co-pay when their insurance is billed, the LEA is not eligible to collect the reimbursement.



SEIS NOTE: When the parent signs the Medi-Cal area, consent information will be collected and reported by indicating yes if a signature is obtained or no, if one was not obtained. Be sure to check which one on the form for reporting purposes.

If appropriate, fill in the date that the parent revoked consent.

NOTE: Both fields will NOT print on the IEP but will be searchable and reportable.



Educational Benefit Reminders:

- Did all IEP Meeting participants sign and date?
- Does the educational rights holder consent to all components of the IEP?
- If not, are areas of agreement and/or disagreement clearly specified?
- Are the next steps identified for reaching resolution, if appropriate?
- If private school student, is need for ISP addressed?
- Are all required notifications marked for compliance?

IEP TEAM MEETING COMMENTS/CONTINUATION PAGE (WITH PWN)



NOTE: This form...

- Is a required component of the IEP.
- Includes the PWN within the body of the form. (Prior, the stand alone PWN was to be completed. It is the same PWN form that was moved into the body of the Comment/Continuation form to ensure it is completed.)
- Is used by most LEAs to document key points of agreement and/or areas of disagreement.
- Should list all the meeting participants and their title.
- Should be a summary of what happened during the meeting. Generally, keep it "short and sweet".
- Should be read to the team to check for accuracy.



Educational Benefit Reminders:

- Is everyone listed?
- Is this information a summary of the meeting?
- Does everyone agree that the information accurately reflects what was discussed and the agreements that were made?
- If needed, are next steps clearly identified, including individuals responsible?

***** Please see directions for Prior Written Notice section of the form below*****

PRIOR WRITTEN NOTICE

*******In addition to what is listed below, this form must be completed at the end of the Plan Review, any IEP program review meetings, IEP meetings to determine Manifestation Determination, initial development of IEP, an initial placement meeting, IEP meeting to develop an Interim IEP; or an IEP meeting to write an Addendum to the current IEP.**

- **For ease of use at IEP meetings, the PWN form is included within the body of the Team Summary form. (Prior, the stand alone PWN was to be completed. It is the same PWN form that was moved into the body of the Notes form to ensure it is completed.)**
- **If a student attends an RCOE program, the LEA writes the PWN – NOT RCOE.**

Federal Regulations require written notification whenever a Local Educational Agency (LEA) proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child. The notice must include:

- A description of the action proposed or refused by the agency
- An explanation of why the agency proposes or refuses to take the action
- A description of any other options that the agency considered and the reasons why those options were rejected
- A description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action
- A description of any other factors that are relevant to the agency's proposal or refusal
- A statement that the parents of a child with a disability have protection under the procedural safeguards of this part and, if this notice is not an initial referral for evaluation; and the means by which a copy of a description of the procedural safeguards can be obtained. (34CFR§300.503)



NOTES:

- **The Prior Written Notice Form now encompasses the language required for notification of consideration for special education.**
- **The Prior Written Notice Form should be sent out prior to implementation of agreed upon services, which is AFTER the IEP has been held.**
- **The Prior Written Notice shall also be sent when the IEP team has made a decision for the change/rejection of the following actions:**
 - **Evaluation/Re-evaluation – intention or refusal (EC Section 56500.4)**
 - **Educational Placement (change of placement)**
 - **Change of placement due to graduation (In addition to the Summary of Performance)**
 - **Exiting student from special education**
 - **When the LEA is refusing to take an action requested by parent in writing**
 - **When a parent revokes consent after consenting to initial provision of services**

******* Please refer to your LEA Special Education Administrator for local procedures on completing the Prior Written Notice. *******

| | | | | | | |
|----------------------|----------------|-----------------|---------------|--------------------------|--|-------------------------------|
| Student Name: | _____ First | _____ Middle | _____ Last | ____/____/____ D.O.B. | ____/____/____ Date Notice of Procedural Safeguards was sent to parent | ____/____/____ Date of PWN |
|----------------------|----------------|-----------------|---------------|--------------------------|--|-------------------------------|

Student's Name: Enter student's name.

D.O.B.: Enter the exact birth date (Month/day/year).

Date Notice of Procedural Safeguards was Sent to Parent: Enter the exact date a copy of the Procedural Safeguards was provided to the parent.

Date of PWN: Enter the date the PWN was completed.

This notice is to inform the parent(s) of the above named student regarding the school district's:

☐ **Proposal to initiate or change the**

☐ Identification
 ☐ Evaluation
 ☐ Educational Placement
 ☐ The provision of a free appropriate public education to your child

This notice includes a description of the proposed action, an explanation of why the LEA/district proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child to determine eligibility. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of an IEP meeting to discuss the results of the evaluation and to make recommendations discussed at this meeting without your written consent. If your child is found eligible for special education services, a full range of program options will be discussed.

☐ **Refusal of your request to initiate or change the**

☐ Identification
 ☐ Evaluation
 ☐ Educational Placement
 ☐ The provision of a free appropriate public education to your child


This notice includes a description of action being refused, an explanation of why the LEA/district refused to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant to this refusal.

Proposal to Initiate or Change: Use this section and check the appropriate box(es) when the LEA is proposing to initiate or change identification, evaluation, educational placement or the provision of FAPE based on a request by the parent(s) or the LEA.

Refusal of Your Request to Initiate or Change: Use this section and check the appropriate box(es) when the LEA is refusing to initiate or change identification, evaluation, educational placement or the provision of FAPE based on a request by the parent(s).

Description of ☐proposed or ☐refused action:

Description of Proposed or Refused Action: Indicate the specific action that is being proposed or refused by the LEA in general terms. This information is usually obtained from other documentation (e.g., letter from parent, SST, IEP Comment/Continuation Page, Eligibility Eval due letter). Mark the appropriate box next to either proposed or refused.

 **NOTE:** Examples of what may be included are: The IEP team developed a new IEP for the 20__ - 20__ school year. The IEP team conducted a manifestation determination meeting. The IEP team agrees the student needs new testing as part of the re-evaluation process. The IEP team determined that student continues to be eligible for special education services, as part of the Eligibility Eval review, and no new testing was needed to make this determination.

Reason(s) for ☐proposed or ☐refused action:

Reason(s) for Proposed or Refused Action: Document the reason(s) the LEA made this decision. Mark the appropriate box next to either proposed or refused.

NOTE: Examples of what may be included within this box include: Educational performance supports proposed actions (explain); Evaluation results support proposed actions (explain);

Previous IEP goals and objectives have been satisfactorily achieved (explain); Student has met Exit Criteria (explain); etc...

Description of evaluation procedures, tests, records, or reports used in deciding to propose or refuse this action:

Description of Evaluation Procedures, Tests, Records, or Reports Used: List the documents the LEA reviewed to make the decision.

NOTE: Examples of what may be included within this box include: achievement, adaptive, classroom observation, cognitive, communication, developmental, health/medical, motor, report cards; progress reports; review of records, social emotional behavior, teacher reports, attendance records, outside provider reports, etc.

Description of other options considered and reasons for rejecting them:

Description of Other Options Considered and Reasons for Rejecting Them: Document the analysis of the LEA's decision. List all options considered and why rejected.

NOTE: Examples of what may be included within this box include: Full-time placement in general education with supplementary aids and services (explain); No other options were considered and rejected (explain); other options considered and rejected in favor of this action (explain); Options would not provide student with an appropriate program in the least restrictive environment (explain); etc...

Other factors relevant to the proposal or refusal:

Other Factors Relevant to the Proposal or Refusal: Explain other factors the LEA considered in making the determination of proposal or refusal.

NOTE: Examples of what may be included within this box include: There are no other factors that are relevant to the IEP decision; Information/concerns shared by the parents (explain); Information/preferences shared by the student (explain); etc...

Print Name of District Contact

Position

Phone

E-mail Address

Print Name of District Contact: Indicate in this section the person the parent should contact if they have questions or require further explanation regarding the proposal or refusal.

Position: List the title of the position the contact person holds (e.g., Special Education Teacher, School Psychologist, Special Education Director).

Phone: Document the contact person's phone number.

Email: Document the contact person's email address.



Educational Benefit Reminders:

- *Was a copy of Procedural Safeguards previously provided to parent?*
- *Is the LEA's proposal or refusal clearly documented (check all boxes)?*
- *Are the descriptions and reasons for proposal or refusal clearly communicated?*
- *Is contact information provided?*

ASSESSMENT PLAN AND PRIOR WRITTEN NOTICE



NOTE: A proposed assessment plan must be provided to the parent prior to the local education agency conducting any individualized assessment. Parental consent must be received prior to the initiation of any proposed assessment.



NOTE: Assessment materials and tests administered should be in the form most likely to yield accurate information on what the child knows and can do academically, developmentally and functionally.

| | | | | | |
|----------------------------------|--------------------------------------|---|-------------------------------------|--------------------------------|--------------------|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Plan Review | <input type="checkbox"/> Eligibility Evaluation | <input type="checkbox"/> Transition | <input type="checkbox"/> Other | Date: __ / __ / __ |
|----------------------------------|--------------------------------------|---|-------------------------------------|--------------------------------|--------------------|

Initial/Plan Review/Eligibility Eval/Transition/Other: Choose the appropriate box for the type of assessment being proposed.

Date: Enter exact date that the form is being completed (Month/Day/Year).

| | |
|---------------------------------|--|
| To Parent or Guardian of: _____ | Birthdate: __ / __ / __ |
| School: _____ | Grade: _____ |
| District of Service: _____ | District of Residence: _____ |
| Student Language: _____ | Designation: <input type="checkbox"/> EO <input type="checkbox"/> LEP <input type="checkbox"/> FEP <input type="checkbox"/> FEP-R English Language Proficiency Level _____ |

To the Parent or Guardian of: Indicate the first and last names of the student.

Birthdate: List the exact date of birth (Month/Day/Year).

School: Indicate the name of the school that the student is attending.

Grade: Indicate the grade level of the student.

District of Service: List the name of the LEA in which the student is receiving services.

District of Residence: List the name of the LEA in which the student resides.

Student Language: Indicate the language of the student.

Designation: Choose which Designation is appropriate: EO- English Only; LEP- Limited English Proficiency; FEP- Fully English Proficient; FEP-R - Fully English Proficient-Redesignated

All information as to the designation of the student, based on how the student performed on their ELPAC assessment, can be found in your student information system.

English Language Proficiency Level: Indicate the English language proficiency level of the student.

| | | | | |
|---|--------------------------------|----------------------------------|---|--------------------------------|
| Has been referred and/or recommended for an assessment by the following individual(s): | | | | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Nurse | <input type="checkbox"/> Teacher | <input type="checkbox"/> Special Ed Teacher | <input type="checkbox"/> Other |

Referred and/or Recommended for an Assessment By: Choose the appropriate individual(s) who referred or recommended assessment. List the name of the individual(s).

| | |
|---|---|
| This notice is to inform the parent(s) regarding the school district's proposal to initiate or change the: | |
| <input type="checkbox"/> Identification | <input type="checkbox"/> Evaluation of the above named student: |

This notice is to inform the parent(s) regarding the school district's proposal to initiate or change the: ☐ Identification ☐ Evaluation of the above named student. Choose the box that best explains the purpose of the assessment plan & Prior Written Notice.

Description of the proposed assessment: The assessment will be conducted by qualified staff, and when appropriate, interpreters of the individual's primary language may be used.....

Description of the proposed assessment: Describe the proposed assessment to be completed.

Reason(s) for proposed assessment:

Reasons for Proposed Assessment: Indicate the reasons for the proposed assessment.

Description of other options considered and reasons for rejecting them:

Description of Other Options Considered and Reasons for Rejecting Them: Document the analysis of the LEA's decision. List all options considered and why rejected.



NOTE: Examples of what may be included within this box include: Full-time placement in general education with supplementary aids and services (explain); No other options were considered and rejected (explain); Other options considered and rejected in favor of this action (explain); Options would not provide student with an appropriate program in the least restrictive environment (explain); etc....

Other factors relevant to the proposal:

Other Factors Relevant to the Proposal or Refusal: Explain other factors the LEA considered in making the determination of proposal or refusal.



NOTE: Examples of what may be included within this box include: There are no other factors that are relevant to the IEP decision; Information/concerns shared by the parents (explain); Information/preferences shared by the student (explain); etc...

Description of evaluation procedures, tests, records, or reports used in deciding to propose this assessment:

This assessment will consist of an evaluation only in the areas indicated by the Local Education Agency (LEA). The District proposes the following assessment to address the areas of suspected disability:

PROFESSIONAL

ACADEMIC ACHIEVEMENT

SOCIAL/ADAPTIVE/BEHAVIORAL/EMOTIONAL

PROCESSING

PERCEPTUAL/MOTOR DEVELOPMENT

COMMUNICATION DEVELOPMENT

COGNITIVE DEVELOPMENT

HEALTH/DEVELOPMENTAL

POST SECONDARY TRANSITION

OTHER (i.e., Vocational, Orientation/Mobility, Observation, Interview, Review of Records)

ALTERNATIVE MEANS:

The professional(s) who may conduct the individual assessment are designated by number as noted below.

- | | | | | |
|------------------------------|-----------------|------------------------------------|---------------------------|--------------------------|
| 1. Special Education Teacher | 2. Psychologist | 3. Speech Language Pathologist | 4. Occupational Therapist | 5. Adapted PE Specialist |
| 6. Audiologist | 7. Nurse | 8. Assistive Technology Specialist | 9. Other | |

Professional: Indicate what type of assessment is to be given by listing to the left of the assessment type the number that corresponds with the professional who may be completing the assessment. More than one number can be listed.

If you have any questions about the above Assessment Plan, please call:

Name & Title: _____

Signature: _____

Phone: () _____ - _____

Name and Title: List the name of the contact person for assessment questions and the title they hold in the LEA.

Signature: The person who is the contact for the assessment must add their signature.

Phone: List the telephone number of the contact person.

THIS FORM MUST BE SIGNED BEFORE ASSESSMENT CAN BEGIN (See statement of Parental Safeguards)

Please Initial the following items, as appropriate.

☐ I give informed consent for my child, _____ to be assessed according to the Assessment Plan above.
I understand: 1) that the results will be confidential, and that I will be invited to discuss them at an Individualized Education Program Team meeting, and; 2) that no special educational assessment or service will be provided without my written permission unless ordered by due process hearing officer.

☐ I deny consent to conduct the assessment described above.

☐ I have received a copy of the Procedural Safeguards.

☐ I have additional assessments or information that I wish to have considered in determining placement and/or services

☐ I prefer to discuss the assessment plan before I give approval. **Home Phone:** () _____ - _____ **Work Phone:** () _____ - _____

Parental Response: The parent/guardian will initial the appropriate box for permission.

Please sign this form and return to:

(If APPLICABLE) I CONSENT to the review, access, processing of claims, and reimbursement of Medi-Cal benefits/information by the LEA and/or IEP team for services provided under this IEP, including, if appropriate, the provision of Targeted Case Management Services. **Parent/Guardian/Adult Student Signature:** _____ **Date:** ____ / ____ / ____

Please Sign and Return to: Indicate the name of the contact person who will be accepting the signed form.

Medi-Cal: Have the parent initial to give permission for the LEA to be reimbursed by Medi-Cal for service provided. Inform the parents that this is completed confidentially through a third party and the LEA never knows which students are eligible. If the parents are charged co-pay when their insurance is billed, the LEA is not eligible to collect the reimbursement.

Parent/Guardian/Adult Student Signature: Parent/Guardian/Adult Student must sign the assessment plan in order for assessment to begin.

Date: Indicate the exact date (Month/Day/Year) in which the assessment plan was signed.



Educational Benefit Reminders:

- *Is the reason for the proposed assessment plan clearly identified and dated?*
- *Is the demographic information on the student complete and accurate?*
- *Are the referring individual(s) identified by name and position?*
- *Are the professional(s) who will be conducting the evaluation identified for each area of suspected disability and/or reason for the evaluation?*
- *Was the proposed assessment plan explained to the parent and contact information provided?*

IEP TEAM AMENDMENTS PAGE



NOTES:

- ✓ **IDEA Section 614(d)(3)(D):** In making changes to a child's IEP after the annual IEP meeting for a school year, the parent of the child with a disability and the LEA may agree not to convene an IEP meeting for the purposes of making such changes, and instead develop a written document to amend or modify the child's current IEP.
- ✓ **IDEA Section 614(d)(3)(F):** Changes to the IEP may be made either by the entire IEP Team by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent shall be provided with a revised copy of the IEP with the amendments incorporated.
- ✓ **Making changes to the IEP without a formal meeting with the parents should only be done when the changes are not significant. This should not be the process to be completed for a change of services.**
- ✓ **The Amendments Page serves as the option for making minor amendments to the IEP if the parent(s) and LEA agree that a meeting is not needed (e.g., adding additional service minutes after a phone conversation with the parents and agreement with school staff, etc.).**
- ✓ **It is recommended that parents be provided a copy of the IEP with the amendments incorporated.**

Name: _____ Birthdate: ____/____/____ IEP Date: ____/____/____

Name: Write the student's full name.

Birthdate: Write the student's date of birth.

Date: Write the date of the IEP Amendment meeting.

☐ Parent(s) and District have agreed that a meeting is not needed for this amendment.

Indicate here if the parents and the LEA agree a formal meeting was not required to complete the amendment. Parent's consent must be obtained prior to the meeting.

Purpose of Meeting _____

Purpose of Meeting: Describe the purpose(s) of the amendment meeting.

Changes to the IEP dated ____/____/____

Changes to the IEP Dated: Write the date of the IEP the changes in this amendment are affecting. In this space detail the changes to the IEP. Be specific in documenting all the changes to services, accommodations and/or goals.

Initials

CONSENT

Agreement

____ I agree to all parts of the IEP Amendment dated ____/____/____.

____ I agree to all parts of the IEP Amendment dated ____/____/____, with the exception of:

Eligibility

____ I understand and agree that my child is not eligible for special education.

____ I understand and agree that my child is no longer eligible for special education.

Safeguards

____ I have received a copy of the assessment report(s) and/or IEP at no charge.

____ I have been advised of and given a copy of the Notice of Procedural Safeguards, as required once per year.

_____ I have been advised of the full continuum of service options.
_____ The school district facilitated parent involvement as a means of improving services and results for my child.

Private School

_____ My child is eligible for special education services. However, I choose to enroll my child in a private school at parent/guardian expense and understand that this IEP cannot be implemented by the school district in the private school.
_____ I choose to enroll my child in a private school and request an Individual Service Plan. **District of Service:**

Consent: The parent uses this space to indicate their consent. For further directions please see the "Consent Page" of the full IEP.

Signature below is to authorize and confirm agreement with the areas initialed above:

Signature: _____ Date ____/____/____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult student

Signature: Have parent(s)/guardian/surrogate/adult student sign and date. Check the appropriate box to indicate relationship to student.

(IF APPLICABLE) I CONSENT to the review, access, processing of claims, and reimbursement of Medi-Cal benefits/information by the LEA and/or IEP team for services provided under this IEP, including, if appropriate, the provision of Targeted Case Management Services. **Parent Signature:**

Medi-Cal: Have the parent sign to give permission for the LEA to be reimbursed by Medi-Cal for service provided. Inform the parents that this is done confidentially through a third party and the LEA never knows which students are eligible. If the parents are charged co-pay when their insurance is billed, the LEA is not eligible to collect the reimbursement.



NOTE: The parent(s)/guardian/surrogate/adult student signature indicates their participation and consent. The other team members' signatures indicate their participation in the amendment meeting.



Educational Benefit Reminders:

- Was there agreement that a meeting was not needed? Is parent consent attached?
- Is the amendment clear?
- Does the educational rights holder and staff agree on the amendment?
- Are all affected staff (special education teacher(s), Related Service provider(s), general education teacher(s), etc.), including the LEA representative, informed of the changes per the amendment?
- Is there documentation to indicate that the parent has received the copy of the IEP with the amendments incorporated?

TEAM DETERMINATION OF SPECIFIC LEARNING DISABILITY



NOTE: This form must be attached to the IEP when an assessment for specific learning disability (SLD) has been conducted. This form must be completed at the Initial and Eligibility Eval IEP meeting when SLD eligibility is being discussed. Although it is an IEP team determination of eligibility for special education services based on identified needs, typically, the school psychologist is the one that completes the form due to their knowledge and expertise in the area. This form does not need to be completed at an annual Plan Review IEP meeting.

Name: _____ Birthdate: __/__/____ ☐ Initial Evaluation
 School: _____ Date: __/__/____ ☐ 3-Year Re-evaluation

Name: Write the student's first and last name.

Birthdate: Write the student's birthdate.

School: Write the name of the school the student attends.

Date: Write the date of the IEP meeting in which this form was completed.

Initial or Re-evaluation: Check the appropriate box to indicate if this is the initial evaluation or the 3-year re-evaluation.

Relevant behavior related to academic functioning, noted during classroom observation _____

Relevant Behavior Related to Academic Functioning: Document the relevant behaviors observed that are related to academic functioning herein and/or check that they are within the psychoeducational report. These behaviors must be observed by someone other than the classroom teacher (e.g., school psychologist).

1. The pupil exhibits a disorder in one or more of the following basic psychological processes; (Check all that apply):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Attention | <input type="checkbox"/> Sensory Motor Skills | <input type="checkbox"/> Visual Processing | <input type="checkbox"/> Auditory Processing |
| <input type="checkbox"/> Phonological Processing | | <input type="checkbox"/> Cognitive Abilities (Including association, conceptualization and expression) | |

The Pupil Exhibits a Disorder in One or More of the Following Basic Psychological Processes: Check each basic psychological process in which the student is exhibiting a disorder. Please note that Phonological Processing is added as of Jan, 2016.

2. Presence of Severe Discrepancy Based On Valid Standardized Tests

☐ The IEP Team finds a severe discrepancy between measures of intellectual ability and achievement; (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Mathematical Calculation | <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Mathematics Reasoning |
| <input type="checkbox"/> Reading Comprehension | | |

Presence of Severe Discrepancy Based On Valid Standardized Tests: Indicate the area(s) in which the IEP team found a severe discrepancy between measures of intellectual ability and achievement.

- | | | |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> The discrepancy is due primarily to limited school experience or poor school attendance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Standardized tests do not reveal a severe discrepancy. | | |

The discrepancy is due primarily to limited school experience or poor school attendance: Indicate whether the discrepancy is or is not due primarily to limited school experience or poor school attendance.

Standardized tests do not reveal a severe discrepancy: Check if standardized tests do not reveal a severe discrepancy.

3. IEP Team finds that a severe discrepancy between ability and achievement does exist as a result of the psychological processing disorder identified above based on the following evidence:

- Data obtained from standardized assessment instruments (ability and achievement):
- Information provided by the parent:
- Information provided by the pupil's present teacher:

- D. Evidence of the pupil's performance in the regular and/or special education classroom obtained from:
- Observations:
 - Work Samples:
 - Group Test Scores:
- E. Consideration of the pupil's age:

IEP Team finds that a severe discrepancy between ability and achievement does exist as a result of the psychological processing disorder identified above based on the following evidence:

- Indicate in writing the data from assessment instruments
- List information provided by the parent of the student
- Indicate any information shared by the student's current teacher
- Summarize the student's classroom performance including a narrative of observations, work samples and group test scores
- Discuss in writing the consideration of the student's age

| | | |
|---|--|--|
| F. Additional Relevant Information: | | |
| a. The pupil does not achieve adequately for the pupil's age or to meet state-approved grade-level standards in one or more of the following areas when provided with learning experiences and instruction appropriate to age or grade-level standards: | | |
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Written Expression |
| <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Reading Fluency Skills | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Mathematics Calculation | <input type="checkbox"/> Mathematics Problem Solving | |

| |
|---|
| b. The pupil does not make sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified when using a process based on the pupil's response to scientific, research-based intervention |
| OR |
| c. The pupil exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments |
| d. The discrepancy is not due primarily to limited school experience or poor school attendance |

Additional Relevant Information: Check the appropriate area(s) from the list provided.

Indicate if: The pupil does not make sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified when using a process based on the pupil's response to scientific, research-based intervention OR The pupil exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments. Explain how or why the discrepancy is not due primarily to limited school experience or poor school attendance.

| | |
|---|--|
| 4. The findings are not primarily the result of any of the items below: (If “yes” to any item, a learning disability is <u>not</u> found.) | |
| a. A visual, hearing, or motor disability: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Intellectual disability: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Emotional disturbance: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Cultural factors: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Environmental or economic disadvantage: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Limited English Proficiency: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Lack of appropriate instruction in reading or math based on the following evidence: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Data demonstrate that prior to, or as a part of, the referral process, the pupil was provided appropriate instruction in regular education settings, delivered by qualified personnel; <u>and</u> 2) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the pupil's parents. | |

Discrepancy Questions: Answer the “yes-no” questions. If the answer is “yes” to any of the questions, then the child may not be identified as having a specific learning disability.

| | |
|---|--|
| 5. <input type="checkbox"/> The student has a specific learning disability: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

The student has a specific learning disability: Indicate if the student has a specific learning disability.

| |
|---|
| Basis for determination of eligibility (must take into account all relevant material which is available on pupil): |
|---|

Basis for Determination of Eligibility: Provide a brief description of the information or data used to form the decision.



NOTE: A student cannot be excluded from special education on the grounds that the student's deficits are due to lack of appropriate instruction in reading or math or limited English Proficiency if the student otherwise meets the requirements for eligibility (E.C. 56329).

| |
|--|
| I agree with the conclusions stated above: |
|--|

I Agree with the Conclusion: By signing, each team member agrees with the conclusions.

| |
|---|
| My assessment of this student differs from the above report as follows: Statement (attach additional pages as necessary) Signature and Title/Date _____ / ____ / ____ |
|---|

My Assessment Differs: If a member disagrees with the IEP team's decision about eligibility as a student with a specific learning disability, he or she will sign and date the form after writing a statement herein and/or on a separate page that is then attached to the IEP.



Educational Benefit Reminders:

- Is initial or 3 year evaluation box checked?
- Is the basis for determination of eligibility clear?
- Is the presence of a severe discrepancy marked?
- Is a processing disorder identified?
- Are the discrepancy questions answered?

- Is data from assessment instruments (ability and achievement) included?
- Is information provided by the parent and the student's present teacher included?
- Are observations of the student's classroom performance included?
- Was the student's age taken into consideration?
- Are relevant behaviors related to academic functioning based on observation included?
- Are relevant medical findings noted?
- Does everyone agree with the conclusions made? If not, is a statement attached?

EMERGENCY CONDITIONS PROVISIONS PLAN -OPTIONAL



NOTE: This form must be completed in its entirety

- This form should be completed at Initial, Plan Review/Eligibility Eval, 30-Day Meeting, or Amendment

| | | |
|---------------------|---------------------------|------------------------------|
| Student Name: _____ | Birthdate: __ / __ / ____ | Meeting Date: __ / __ / ____ |
|---------------------|---------------------------|------------------------------|

Student Name: Indicate student's first and last name.

Birthdate: List the exact date (Month/Day/Year) of birth.

Meeting Date: List the exact date (Month/Day/Year) of meeting being held.

| | | | | |
|---|---|---|---|---|
| Distance Learning Means of Delivery, to the Extent Feasible: Do any of the following apply? If yes, describe how services will be delivered. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Special Education and Related Services: | | | | |
| | List Service Here | List Service Here | List Service Here | List Service Here |
| Service(s) | <input type="checkbox"/> Individual <input type="checkbox"/> Group | <input type="checkbox"/> Individual <input type="checkbox"/> Group | <input type="checkbox"/> Individual <input type="checkbox"/> Group | <input type="checkbox"/> Individual <input type="checkbox"/> Group |
| Frequency & Duration | Frequency: Duration: | Frequency: Duration: | Frequency: Duration: | Frequency: Duration: |
| Service Delivery | | | | |
| IEP Goals to be Addressed from IEP Dated __ / __ / ____ | | | | |

Distance Learning Means of Delivery, to the Extent Feasible: If student is receiving special education services, indicate the following information in the appropriate boxes.

- Services- List out each special education service the student will be receiving
 - Individual or Group: Indicate either individual or group for each service (It cannot be both)
- Frequency and Duration: Indicate the frequency and duration for each service listed
- Service Delivery: Indicate the service delivery model for each service listed
- IEP Goals to be Addressed: Indicate the IEP goal number(s) of the goals to be addressed
 - From IEP Dated: List the IEP date (Month/Day/Year) of the goals being addressed

Supplementary aids and services (accommodations, modifications, and other supports) in the IEP: Mark either Yes or No. If Yes is marked, list what supplemental aids and services will be provided to the student

| | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Transition to Adult Life Services- Individual Transition Plan: | | | | |
| | List Service Here | List Service Here | List Service Here | List Service Here |
| Service(s) | <input type="checkbox"/> Individual <input type="checkbox"/> Group | <input type="checkbox"/> Individual <input type="checkbox"/> Group | <input type="checkbox"/> Individual <input type="checkbox"/> Group | <input type="checkbox"/> Individual <input type="checkbox"/> Group |
| Frequency & Duration | Frequency: Duration: | Frequency: Duration: | Frequency: Duration: | Frequency: Duration: |
| Service Delivery | | | | |
| IEP Goals to be Addressed from IEP Dated ____ / ____ / ____ | | | | |

Transition to Adult Life Services- Individual Transition Plan: Indicate either yes or no to student receiving Transition Plan services. If Yes, indicate the following information in the appropriate boxes.

- Services- List out each special education service the student will be receiving
 - Individual or Group: Indicate either individual or group for each service (It cannot be both)
- Frequency and Duration: Indicate the frequency and duration for each service listed
- Service Delivery: Indicate the service delivery model for each service listed
- IEP Goals to be Addressed: Indicate the IEP goal number(s) of the goals to be addressed
 - From IEP Dated: List the IEP date (Month/Day/Year) of the goals being addressed

| | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Extended School Year (ESY) Services: | | | | |
| | List Service Here | List Service Here | List Service Here | List Service Here |
| Service(s) | <input type="checkbox"/> Individual <input type="checkbox"/> Group | <input type="checkbox"/> Individual <input type="checkbox"/> Group | <input type="checkbox"/> Individual <input type="checkbox"/> Group | <input type="checkbox"/> Individual <input type="checkbox"/> Group |
| Frequency & Duration | Frequency: Duration: | Frequency: Duration: | Frequency: Duration: | Frequency: Duration: |
| Service Delivery | | | | |
| IEP Goals to be Addressed from IEP Dated ____ / ____ / ____ | | | | |

Extended School Year (ESY) Services: Indicate either Yes or No to student receiving ESY services. If Yes, indicate the following information in the appropriate boxes.

- Services- List out each special education service the student will be receiving
 - Individual or Group: Indicate either individual or group for each service (It cannot be both)
- Frequency and Duration: Indicate the frequency and duration for each service listed
- Service Delivery: Indicate the service delivery model for each service listed
- IEP Goals to be Addressed: Indicate the IEP goal number(s) of the goals to be addressed
 - From IEP Dated: List the IEP date (Month/Day/Year) of the goals being addressed

LEA has explained and answered all questions regarding the services and supports to be provided through this Emergency Conditions Provisions Plan: Indicate either Yes or No that a discussion was held with the report cards

Parent/ Guardian and IEP Team Comments: Fill in team comments during the discussion with Parent/Guardian regarding the Emergency Conditions Provisions Plan.



NOTE: The Emergency Conditions Provisions Plan does not constitute a change in the LEA's offer of FAPE during non-emergency school days, and its implementation during emergency circumstances does not constitute "stay-put" placement or services.

- ***The form itself does not require a signature of consent.***

Section IV: Completing Supplemental IEP Forms



NOTE: *The following supplemental IEP forms are required when the specific reasons for meetings noted below are held:*

IEP Team Member Excusal – When an IEP team member's attendance is not required or when a required IEP team member's attendance in the meeting is being excused in whole or part.

Notice of IEP Team Meeting Held without Parent(s) Present – When, after at least three documented attempts to involve the parent in the meeting, the parent does not attend a required IEP team meeting. Also used when a parent participates via phone conference.

Notification of the Transfer of Educational Rights – When a student will be turning 18 within the year and procedural safeguards will transfer to him/her.

Interim Placement Form – When student moves into a LEA with an active IEP from another LEA

Authorization for Use and/or Disclosure of Information Form – When the LEA seeks information from another agency.

Manifestation Determination Review IEP Notice of Meeting Form – When the LEA is sending a notice of a manifestation determination meeting to the family.

Manifestation Determination Review Form – When the LEA is completing a manifestation determination review for a student.

Tier 2 Positive Behavioral Interventions (PBI) – When a LEA is completing early behavioral interventions ONLY for a student, not based on evaluation of functions

Functional Behavioral Assessment (FBA) – When a LEA is completing a functional behavioral assessment for a student.

Tier 3 Positive Behavioral Intervention Plan – When a LEA is providing targeted behavioral supports for a student.

REED/Additional Eligibility Evaluation Review Assessment – When the team needs to determine if additional evaluation is needed to determine continued eligibility for special education services.

ESY Eligibility Worksheet – (Optional) – When an IEP team is considering ESY for a student and needs to document decision making processes.

Preschool to Kindergarten OR 1st Grade Transition – When a student is transitioning from either Preschool to Kindergarten OR Preschool to First Grade.

Individual Service Plan – When a parent chooses to place their child in a private school setting after having been offered FAPE via an IEP. (NOT for students ages 3-5 in a prek, TK or K setting)

Individual Service Plan Notice of Meeting – When a parent chooses to place their child in a private school setting after having been offered FAPE via an IEP, this form is used to invite the parents to develop the ISP.

Assistive Technology Report Summary and Implementation Plan – When a LEA is considering assistive technology for a student.

Related Services Independence Assistance Forms – When a LEA is considering assistance for a student in the educational setting.

Occupational and Physical Therapy Forms – When an IEP team is considering services for occupational or physical therapy services.

Summary of Performance – When a student whose eligibility for special education is terminated due to graduation with a regular diploma or reaching maximum age of eligibility.

IEP TEAM MEMBER EXCUSAL



NOTE: IDEA Section 614 (d) (1) (c) IEP TEAM ATTENDANCE:

‘(I) ATTENDANCE NOT NECESSARY – A member of the IEP team shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the local educational agency agree that the attendance of such a member is not necessary because the member’s area of the curriculum or related services is not being modified or discussed in the meeting, ‘(ii) EXCUSAL- A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member’s area of curriculum or related services, if—‘(I) the parent and the local educational agency consent to the excusal; and ‘(II) the member submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting. ‘(iii) WRITTEN AGREEMENT AND CONSENT REQUIRED- A parent’s agreement under clause (i) and consent under clause (ii) shall be in writing.’



NOTE: This form is to be use when a required member of the IEP team is being excused from the whole meeting or any part of the meeting. This agreement must be mutual between the parent and LEA and obtained prior to the meeting, preferably not the day of the meeting.

Student’s Name: _____ Date: __/__/__

Student’s Name: Indicate the student’s full name.

Date: Indicate the date of the IEP meeting the member will be excused from attending.

| Individualized Education Program Team Member(s) | Area Of Curriculum Or Related Services | Mark appropriate column explaining why the IEP team members attendance is not required or why the IEP team member is being mutually excused from the IEP meeting in whole or part: | |
|---|--|--|--|
| | | (Attendance Not Required) Area Of Curriculum Or Related Services is Not Being Discussed Or Modified | (Team Member Excused) Written input has been submitted to the parent and IEP team prior to the meeting. |
| | | <input type="checkbox"/> | <input type="checkbox"/> All, Report Provided <input type="checkbox"/> Part |

IEP Team Member(s): Enter the name of the team members who will be excused from the meeting either in whole or in part.

Area of Curriculum or Related Services: Enter the area of curriculum or related service that the team member is responsible for addressing.

Attendance Not Required or Team Member Excused: Complete the appropriate column to explain why the IEP team member’s attendance is not required or why the team member is being mutually excused from the IEP meeting in whole and has provided a written report or part.

Circle relationship to student, sign, and date below.

Signature of Parent/Guardian/Surrogate: _____ **Date:** __/__/__

Signature of Adult Student (ages 18-21): _____ **Date:** __/__/__

Signature of Parent/Adult Student: Obtain the signature of parent or student as appropriate.

Signature of Designated District Representative: _____ Date: __/__/__

Title/Position: _____

Signature of District Representative: Obtain the signature of the LEA representative and their title.



Educational Benefit Reminders:

- Did the parents agree prior to the IEP team meeting that the team member(s) could be excused?
- Did the excused team member(s) provide written input prior to the IEP meeting to the parents and the LEA?
- Was the excused team member's written input complete and sufficient for the IEP team to develop an IEP for educational benefit?
- Did the excused team member(s) receive a copy of the IEP?

NOTICE OF IEP MEETING HELD WITHOUT PARENT(S) PRESENT



NOTE: When, after at least three documented attempts to involve the parent in the meeting, the parent does not attend a required IEP team meeting. Also used when a parent participates via phone conference.

Student Name: _____

First

Middle

Last

__ / __ / __
Date

__ / __ / __
D.O.B

Date: Enter exact date that the form is being completed (Month/Day/Year).

Student's Name: Enter student's name.

D.O.B.: Enter the exact birth date (Month/Day/Year).

Dear: _____

Parent, Guardian, Surrogate

- ☐ Thank you for participating in your child's IEP via telephone conference. [Education Code 56341.5]
- ☐ On __ / __ / ____ you **requested** that the IEP meeting be held without your presence. [Education Code 56341.5]
- ☐ Unfortunately, you were unable to attend the IEP meeting for your son or daughter. Education Code 56341 places great emphasis on facilitating parent participation in the development of each IEP. You are an important part of the IEP team. The case carrier attempted to invite you to the meeting on __ / __ / ____ ,
__ / __ / ____ , and on __ / __ / ____

Dear: Indicate to whom you are sending the form.

Check appropriate box:

- ✓ Choose first box if the parent participated in the IEP meeting via telephone.
- ✓ Choose second box if parent requested that the IEP meeting be held without them; include the date this request was made.
- ✓ Choose third box if the parent was not able to attend the IEP and the case carrier made three attempts to invite them to the meeting; List the exact dates that the case carrier attempted to contact the parent to invite them to the IEP meeting.

Enclosed you will find a copy of your Notice of Procedural Safeguards and Parents' Rights for your records. If you have any questions, please contact the special education department for your school district at () - between a.m. and p.m.

If You Have Any Questions: List the telephone number of the special education department and the hours that the office is open.

Also enclosed, you will find a copy of your child's IEP, which was developed on / /

IEP: Indicate the exact date (Month/Day/Year) that the IEP participants developed the IEP.

Please return the signed consent page to your child's Case Carrier on or before / / . Please keep the copy for your records.

Return: Indicate the exact date that the case carrier is recommending that the IEP be signed and returned.

If you have any questions or concerns and would like to speak to your child's Case Carrier, please contact:

Case Carrier

() -
at Phone Number

Case Carrier: Indicate the name of the case carrier whom the parent would contact with any questions.

Phone Number: Document the case carrier's phone number.



Educational Benefit Reminders:

- Is the notice sent out in a timely manner following the IEP meeting?
- Is the reason the notice was being utilized identified?
- Was a copy of Procedural Safeguards enclosed and contact information provided?
- Was a copy of the IEP enclosed with a return date identified?

NOTIFICATION OF THE TRANSFER OF EDUCATIONAL RIGHTS



NOTE: The Notification of the Transfer of Educational Rights Form is an optional form for LEA s to use. On or before the student's 17th birthday, explanation must be given to the student and the parent that all special education rights and protections upon turning 18 will be assumed by the student (unless a conservator has been appointed through the court).

This is to inform you that on / / (Date of 18th Birthday) the procedural safeguard rights provided through the Individuals with Disabilities Education Improvement Act (IDEIA), will transfer to

(Student's Name) from his parent/guardian.

The student will then become responsible for making all decisions regarding future educational services.

Date: Indicate the exact date (month/day/year) of the student's 18th birthday.

Rights will Transfer to: Indicate the name of the student.



Educational Benefit Reminders:

- Did you provide a copy of the letter (Form 22) to the student/parent?
- Is the date of the 18th birthday correct?

- # INTERIM PLACEMENT FORM

 **NOTE:** An IFSP is not valid after age 3 and cannot be used for school placement.

Date of Most Recent Psycho-Educational Evaluation: List the exact date (Month/Day/Year) of the most recent psycho-educational evaluation.

Primary Disability Category: Indicate the student's primary disability from the most current IEP.
Educational Plan Type: List student Educational Plan Type.

Meeting Type: Indicate if this is an Initial, Plan Review or Eligibility Evaluation.

Primary Service(s): Indicate the primary special education service the student was receiving on their most current IEP.

Related Service: Indicate the DIS/Related Service(s) the student was receiving on their most current IEP.

School /District: List the name of the prior school LEA. Indicate the name of the school that the student was attending.

Phone: List the telephone number of the prior school and/or district office.

Fax: List the fax number of the prior school and/or district office.

Address/ City /State: Indicate the address/city/state of the student's prior school and/or district office.

Preschool Program Setting (3-5 year old Preschool and 4 year-old TK/KDG):

Note: Answer items below for students ages 3-5 in 201-Regular Early Childhood Program and 4 year-old TK/Kgn

The location where the student receives the majority of their special education services the same as above:

☐ Same as above

☐ Different from above

Is the regular Early Childhood Program or Kindergarten program ten hours per week or greater ☐ Yes ☐ No

Preschool Program Setting (3-5 year old Preschool and 4 year-old TK/Kgn): Indicate the type of school setting the student attends based upon the options below. If the student is in grade level preschool (ages 3 – 5) or in TK/K and age 4 on the IEP Meeting date, this category is completed.

201 Home

201 Regular early childhood program or kindergarten

203 Separate class

204 Service Provider Location

300 Separate school

301 Residential facility



NOTE: The following two fields will only be completed if 201 Regular Early Childhood Program is chosen in the Preschool Program Setting Code above. If 201 is not chosen, please leave these fields blank.

The location where the student receives the majority of their special education services the same as above: Indicate if the location stays the same as above or is different from above.

Is the Regular Early Childhood Program or Kindergarten Program ten hours per week or greater?
Mark either yes or no to indicate if the program is 10 hours per week or more.

Program Setting (TK/Kgd or greater, ages 5-22): _____

_____ % of time student is outside the general education environment and extracurricular & non academic activities

_____ % of time student is in the general education environment and extracurricular & non academic activities

Program Setting (TK/Kgd or greater, ages 5-22): Indicate the type of school setting the student attends. If the student turns 5 years old **and** is in TK or Kindergarten grade level on the IEP Meeting date, this category must be completed.

300 Separate school (Center for Learning and Development in Palm Springs or Alessandro in Moreno Valley ONLY)

301 Residential facility

400 Regular classroom/public day school - Select if the student attends classes on a general education school campus regardless of the type of program

401 Homebound/hospital

402 Correctional facility

403 Parentally placed in private school

500 Regular Independent Study or Virtual Charter

Percentage of Time Outside/Inside the General Education Environment: Document the percentage of time the student is **outside** the general environment and document percentage of time student is **in** the general education environment. ****To calculate the percentage of time inside the gen ed classroom, divide the number of hours the student spends inside the gen ed classroom (including lunch, recess and study periods) by the total number of hours in the school day. The result is multiplied by 100.**

INTERIM SPECIAL EDUCATION PROGRAM AUTHORIZATION:

Interim Placement in the following special education program is authorized pending action at the next Individualized Education Program Team Meeting to be held no later than 30 days from starting school: ____ / ____ / ____

| Program Services | Tentative Date | Frequency | Duration | Location | Service Provider |
|------------------|--------------------|-----------|----------|----------|------------------|
| | ____ / ____ / ____ | | | | |

Interim Placement is Authorized Pending Action at the Next IEP Team Meeting: Indicate the date (Month/Day/Year) that the IEP team will meet which is no later than 30 days from the student starting school.



NOTE: An IEP must be held for students moving into the LEA from outside of RC SELPA. List the date that IEP meeting must be held, within 30 days of the placement in the LEA's program. In SEIS, an interim placement IEP is held as an Amendment with Interim selected as purpose of meeting. It is NOT held in the Future IEP, unless the Plan Review is due, overdue, or needs to be completely recreated. In those specific cases, the IEP would be marked as Plan Review and Interim. If not a Plan Review, the Interim meeting is held as an Amendment only.



NOTE: An IEP meeting may be held for students moving into the LEA from within RC SELPA. When the LEA has more than 5 consecutive school days off during this timeframe, the timeline is suspended and extended for the equivalent number of days.

Program Services: Write in the name(s) of the recommended program service(s) and location.

Tentative Date: Indicate the anticipated date (Month/Day/Year) that the student will be placed in the LEA's program.

Frequency: Indicate the frequency of the service being provided (e.g., daily, weekly, monthly, yearly, or any other frequency).

Duration: Indicate number of times per frequency (i.e., 3 hours per day, 30 minutes twice weekly). (See CALPADS for examples).

Location: Indicate location where the service will be provided to the student.

Service Provider: Indicate the name of agency providing service (do not list person's name).

| | | | | | |
|--------------|--|--------------------------------------|--|---|--|
| Student has: | <input type="checkbox"/> positive behavioral intervention plan | <input type="checkbox"/> Health Plan | <input type="checkbox"/> Special Health Procedures | <input type="checkbox"/> Transportation | ESY <input type="checkbox"/> No <input type="checkbox"/> Yes |
|--------------|--|--------------------------------------|--|---|--|

Student has: Check the box(es) to indicate if the student is enrolling with a positive behavioral intervention plan, Health Plan, Special Health Care Procedures, Transportation and/or Extended School Year.



NOTE: If a student moves into the LEA from another LEA located within Riverside County SELPA, complete the Interim Placement form. An IEP meeting within 30 days is not required unless the team determines an IEP meeting is needed.

| |
|---|
| Residential nonpublic school provision applies to this student <input type="checkbox"/> No <input type="checkbox"/> Yes |
|---|

Residential Nonpublic School Provision Applies to This Student: Indicate whether this student is currently placed in a residential nonpublic school, per current IEP.

| | | | |
|-----------------------------|----------|-----------|--------------|
| NAME OF LEA REPRESENTATIVE: | | | |
| Name: | Position | Date: | __ / __ / __ |
| School: | | District: | __ |

For students coming from outside SELPA, the LEA is required to consult with the parent about "comparable" program.

Name: List the name of the LEA Representative from the receiving LEA who approved the interim placement.

Position: List the position of the LEA Representative from the receiving LEA who approved the interim placement

Date: Indicate the exact date that the interim placement was approved by the LEA Representative.

School: Indicate the name of the LEA Representative's school or write N/A if from District office.

District: List the name of the LEA Representative's school district.

| | | |
|------------------------|-----------------|-----------|
| Office Use Only | | |
| __ / __ / __ | _____ | _____ |
| Date records requested | By (name/title) | Informant |

Date Records Requested: Indicate the exact date that records were requested from the prior LEA.

By (name/title): Indicate the name and title of the person who requested the records from the prior LEA.

Informant: List the person's name who was contacted in the prior LEA.



Educational Benefit Reminders:

- *Is the student demographic information complete and accurate?*
- *Is the recommended placement for the student clearly defined?*
- *Have the most recent evaluation reports been reviewed? Is more assessment warranted?*
- *Are the dates filled in to indicate the start date and date of 30 day Interim meeting?*
- *Is the mental health area completed?*
- *If the student is coming in with mental health services, was the information sent to appropriate personnel?*
- *Is the form signed by the administrator?*
- *Was the parent consulted in the services offered?*

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION FORM

| | | | |
|---------------------|--------|--|---|
| Student Name: _____ | | ____/____/____ | |
| First | Middle | Last | D.O.B |
| Student's Address | | Medical Record Number (if applicable) | Phone Number |
| | | () ____ - ____ | () ____ - ____ Alternate Phone Number |

Student Name: Indicate the name of the student (First, Middle, Last).

D.O.B.: List the exact date (Month/Day/Year) of birth.

Address: Indicate the address of the student.

Medical Record Number: List the medical record number if applicable for the student.

Phone Number: List the telephone number in which to reach the parent.

Alternate Phone Number: List another number in which to reach the parent.

| <input type="checkbox"/> Receiving <input type="checkbox"/> Disclosing Party | <input type="checkbox"/> Receiving <input type="checkbox"/> Disclosing Party |
|--|--|
| Individual or Organization | Individual or Organization |
| Address | Address |
| City, State, Zip Code | City, State, Zip Code |
| () ____ - ____ Telephone | () ____ - ____ Telephone |
| () ____ - ____ Fax | () ____ - ____ Fax |

Receiving/ Disclosing Party: Indicate if the party is receiving the information or disclosing the information.

Individual or Organization: State the name of the person or the organization.

Address: List the street address of the individual or organization.

City, State, Zip: List the city name, the name of the state and the zip code of the address of the individual or organization.

Telephone: List the telephone number in which to reach the party.

Fax: List the fax number in which to reach the party.

Duration: This authorization shall become effective immediately and shall remain in effect until ___/___/___ or for one year from the date of signature if no date is entered.

Date: Indicate the exact date that the Authorization form is in effect or leave blank and it will default to one year.

Specify Record(s): Indicate type of information to be disclosed.
☐ Educational ☐ Educational Mental Health ☐ Medication ☐ Drug/Alcohol
☐ Medical ☐ Clinical Mental Health ☐ Psychiatric ☐ Other:

Any and all information with regard to the above records may be released except as specifically provided here:

Specify Records: Indicate the type of information to be disclosed by marking the corresponding box(es).

Specify Exceptions: Indicate any exceptions to the records that are being released.

I request that the information released pursuant to this authorization be used for the following purposes only:

☐ Educational Assessment ☐ Educational Planning ☐ Other:

Purpose of Records: Indicate the purpose of the records.

| Signature of Student or Student's Representative | Description of Relationship to Student | Date |
|---|--|------|
| Signature of Student (12 years or older) when requesting medical, clinical mental health, medication and/or psychiatric records | | Date |

Signature of Student or Student's Representative: Student/student's representative must sign the Authorization for Use and/or Disclosure of Information form in order to release the records.

Signature of Student (12 years or older): Student must sign the Authorization for Use and/or Disclosure of Information form at age 12 in order to release medical, clinical mental health, medication and/or psychiatric records.

Description of Relationship to Student: Describe the relationship of the person signing the form to the student.

Date: Indicate the exact date (Month/Day/Year) on which the authorization form was signed.



Educational Benefit Reminders:

- Is the student demographic information complete and accurate?
- Are the Receiving/Disclosing parties' names and addresses clearly listed?
- Is the date listed indicating the duration of the form (1 years' time)?
- Are the boxes marked to specify which records will be disclosed?
- Is the purpose for disclosing records specified?
- Did the student or student's representative sign the form?

MANIFESTATION DETERMINATION REVIEW IEP TEAM MEETING NOTICE

Please see the RC SELPA "[Suspension and Expulsion Guidelines for Students with Disabilities](#)"

Date of Notice: ___ / ___ / ___

To the Parents/Guardian/Surrogate of: _____

Parent(s) Name: _____ Address: _____

Manifestation Determination IEP Meeting Scheduled Date: ___ / ___ / ___ Time: ___ : ___ ☐ a.m. ☐ p.m.

Location: _____ District Contact Person: _____ Phone: (___) ___ - ___

Date of Notice: List the date that the notice was completed.

To the Parents/Guardian/Surrogate of: Indicate the name of the student.

Parent's Name: Indicate the name of the parent.

Address: List the address of the Parents/Guardian/Surrogate.

Manifestation Determination IEP Meeting Scheduled Date: Indicate the date (month/day/year) that the meeting will occur.

Time: List the time that the meeting will occur.

Location: Indicate the location of the meeting.

District Contact Person: List the name of the district contact person.

Phone: State the phone number of the district contact person.

The following have been invited to the meeting:

- | | | |
|--|--|--|
| <input type="checkbox"/> Principal/Designee | <input type="checkbox"/> General Education Teacher | <input type="checkbox"/> Program Specialist |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Student | <input type="checkbox"/> Agency Representative(s): |
| <input type="checkbox"/> School Psychologist | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Other: |
| <input type="checkbox"/> RS Provider(s): | <input type="checkbox"/> Special Education Administrator | <input type="checkbox"/> Other: |

The Following Have Been Invited to the Meeting: Indicate the position of the people that have been invited to the meeting. (NOTE: specific names are not required.)

Please initial below and return completed form to the school:

_____ I plan to attend the meeting either in person or via telephone (circle one)

_____ I do not plan to attend the meeting

_____ I plan to attend the meeting and will bring the following person(s):

Parent/Guardian/Adult Student signature indicating receipt of this notice:

Please Initial Below and Return Completed Form to the School: This is the area in which the parent/adult student will initial as to their choice of attending the meeting.

Parent/Adult Student Signature Indicating Receipt of This Notice: Parent/Adult Student will sign the form in this area to indicate receipt of the notice of meeting.



Educational Benefit Reminders:

- *Is the demographic information on the student complete and accurate?*
- *Are a date, time, location and contact listed?*
- *Are the attending individual(s) identified by position?*

MANIFESTATION DETERMINATION REVIEW



NOTE: This form must be used in conjunction with an Amendment Form and PWN.

PURPOSE OF MEETING:

To review the relationship between the student's disability and the behavior subject to disciplinary action; to adjust the student's IEP; conduct a Functional Behavioral Assessment (FBA); and/or develop or review a positive behavioral intervention plan if appropriate.

A. ☐ **10 or More Days of Suspension**

B. ☐ **Prior to Extension of Suspension**

Addendum to most recent agreed-upon IEP written (date) ___ / ___ / ___

Meeting Date: ___ / ___ / ___

Meeting Date: Indicate exact date of the Manifestation Determination Amendment IEP.

Purpose of Meeting: Indicate purpose of the meeting marking either A or B.

Most Recent IEP: Insert the date (month/day/year) of the most recently agreed upon IEP.

| | |
|----------------------------------|---|
| Student Name: _____ | |
| Birth Date: ____ / ____ / ____ | Age: _____ Grade: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| District of Residence: _____ | District of Service: _____ |
| Case Carrier: _____ | School of Attendance: _____ |
| Parent/Guardian/Surrogate: _____ | Home Phone: (____) ____ - ____ |
| E-mail address: _____ | Other: (____) ____ - ____ |

Student Name: Indicate the full name of the student.

Birth Date: List student's birth date in Month/Day /Year.

Age: List age of student.

Grade: Indicate the current grade of the student.

Gender: Mark the appropriate box to indicate whether the student is male or female.

District of Residence: Name the LEA in which the student resides.

District of Service: Name the LEA in which the student is receiving services.

Case Carrier: State the name of the student's case carrier.

School of Attendance: State the name of the school that the student is attending.

Parent/Guardian/Surrogate: List the name of the parent/guardian/surrogate.

Home Phone: Indicate the phone number of the student's home.

E-mail Address: List the parent/guardian/surrogate's e-mail address.

Other: List any other phone number for the student's parent/guardian/surrogate.

| | |
|---|---|
| Indicate the date for each of the following: | |
| ____ / ____ / ____ | First day of current suspension |
| ____ / ____ / ____ | Parent Notified of date and time of Manifestation Review IEP Team Meeting. <i>(Procedural Safeguards included with Notice of Meeting)</i> |
| ____ / ____ / ____ | If parent not in attendance, copies of written documentation of attempts to contact are attached. |

Indicate the Date: List the dates in each of the three areas in month/day/year format.

| |
|---|
| Summary of student's alleged misconduct: (Education Code Violation 48900. ____, ____) |
| On (date) ____ / ____ / ____, the Student Allegedly ____ |
| NOTE: School personnel may remove a student to an interim alternative educational setting (IAES) for up to 45 school days when drugs, weapons or serious bodily injury to another is evident and while a suspension or expulsion is being considered. Prior parental consent is not required for this placement. Check all that apply: <input type="checkbox"/> Carried a weapon to or possessed a weapon at school, on school premises, or to or at a school function <input type="checkbox"/> Knowingly possessed or used illegal drugs, or sold or solicited the sale of a controlled substance, while at school, on school premises, or at a school function <input type="checkbox"/> Inflicted serious bodily injury upon another person while at school, on school premises, or at a school function. |
| Date of (IAES) Placement: ____ / ____ / ____ IAES Setting: ____ |

Summary of Student's Alleged Misconduct: State the appropriate Ed Code that relates to the violation. Indicate the date of the incident and what allegedly occurred.

Check All That Apply: Indicate the appropriate box(es) that apply to the misconduct.



NOTE: Discussions regarding the Interim Alternative Educational Setting (IEAS) are made **AFTER** the team completes the Manifestation Determination process and determine that an IEAS is needed.

Educational Setting Placement: List the date in which the Alternative Ed placement will begin and setting of the placement. Indicate the date that student violated Ed Code and write out the allegation of what occurred.

Relevant Disciplinary History (Please complete an analysis of the student's behavior across settings.)

- A. Referrals (# & reasons) : _____
- B. Bus Suspensions (# & reasons): _____
- C. Suspensions from School (# & reasons): _____
- D. Expulsion(s): _____
- E. Other Means of Corrections: _____
- F. Other: _____

Relevant Disciplinary History: List a complete summary of the student's behavior within the areas listed, stating number and reasons where indicated.

Student Name: _____

Meeting Date: ____ / ____ / ____

Current Educational Review:

1. ☐ Yes ☐ No Student had an IEP prior to incident
2. Assessments, Evaluations and/or Diagnostic Materials reviewed? ☐ Yes ☐ No Relevant Information: _____
3. Identified disability that qualifies student for Special Education: _____
4. Educational placement, including supplementary aids and services described in the last signed IEP: _____
5. ☐ Yes ☐ No Review of records reveals that student had a behavior indicating a need for behavior supports.

If "Yes" marked above address the following:

| Intervention | In Place | Being Implemented |
|--|--|--|
| IEP behavioral goals | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tier 2 Positive Behavioral Interventions (PBI) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tier 3 positive behavioral intervention plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. Attendance record reviewed? ☐ Yes ☐ No

Relevant Information:

7. Health record reviewed? ☐ Yes ☐ No

Relevant Information:

Teacher Observations:

Relevant information provided by parent/guardian:

Other relevant information including unique circumstances to be considered:

Student Name: Indicate the full name of the student.

Meeting Date: Indicate exact date of the Manifestation Determination Amendment IEP.

Current Educational Review: Respond to the questions 1-8:

1. Indicate if the student had an IEP prior to incident.

2. Indicate whether any assessments, evaluations or diagnostic materials were reviewed and record any relevant information.
3. State the disability that qualifies student for Special Education.
4. List the educational placement of the student including all supports and services per the last agreed to IEP.
5. Indicate whether a review of records shows a need for a behavior support plan. If yes, mark the appropriate boxes that address if the plan was in place and being implemented as written.
6. Indicate whether the attendance record was reviewed and record any relevant information.
7. Indicate whether the health record was reviewed and record any relevant information.

Teacher Observations: List any relevant observations by the teacher(s) working with the student.

Relevant Information Provided by the Parent/Guardian: List any relevant information that the parent/guardian has shared in regard to the student.

Other Relevant Information (unique circumstances): List any other relevant information or unique circumstances considered by the team.

| | |
|--|--|
| Student Name: _____ | Meeting Date: ____ / ____ / ____ |
| MANIFESTATION DETERMINATION REVIEW FINDINGS: | |
| The relevant members of the IEP team, and other qualified personnel, having reviewed and considered at least the relevant information described above, determine: | |
| <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | 1. The conduct in question was <u>caused by</u> , or had a <u>direct and substantial relationship</u> to the student's disability. |
| <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | 2. The conduct in question was the <u>direct result</u> of the local educational agency's failure to implement the IEP. |
| <i>If either of these conditions is agreed upon by the IEP team, the conduct shall be determined to be a manifestation of the student's disability. In such cases, the team shall take one or more of the following actions:</i> | |
| <input type="checkbox"/> Conduct a Functional Behavioral Assessment (FBA), if FBA not conducted prior to misconduct <input type="checkbox"/> Develop a positive behavioral intervention plan if one does not already exist <input type="checkbox"/> Develop, review and/or modify any existing positive behavioral intervention plan <input type="checkbox"/> Return student to his placement unless there is an agreement otherwise between parent(s)/guardians(s) and local educational agency or the conduct is subject to automatic removal for 45 school days | |

Student Name: Indicate the full name of the student.

Meeting Date: Indicate exact date of the Manifestation Determination Amendment IEP.

Manifestation Determination Review Findings: Indicate the teams' agreement/disagreement with the two questions in relation to the student's conduct. If either question is answered as agree, the following boxes should be addressed and check the appropriate next step.

| |
|---|
| TEAM RECOMMENDATIONS PRIOR TO EXTENSION OF SUSPENSION: Complete ONLY if student is being considered for expulsion. |
| <input type="checkbox"/> The conduct in question was not caused by, or did not have a direct and substantial relationship to the student's disability. OR <input type="checkbox"/> The conduct in question was not the direct result of the local education agency's failure to implement the IEP. <i>(Check only if all boxes on the previous page are marked "Disagree".)</i> |
| See attached IEP Team Amendments page for IEP Team recommendations. |



NOTE: Complete ONLY if student is being considered for expulsion.

Team Recommendations Prior To Extension of Suspension: Select appropriate choice in responding to specific questions.



NOTE: Ensure that the Amendment form containing team recommendations with signatures is attached to the Manifestation Determination IEP, as well as completing a PWN.



Educational Benefit Reminders:

- Is the reason for the manifestation determination meeting clearly identified with current IEP date listed?
- Is the demographic information on the student complete and accurate?
- Are all dates listed for each question that requires a date?
- Is information listed describing the student's alleged misconduct?
- Is the relevant discipline history completed?
- Are all questions answered under current educational review?
- Did the team complete the questions under the manifestation determination review findings?
- Did the team complete the recommendation questions and write out recommendations on the Amendment form?

TIER 2 POSITIVE BEHAVIORAL INTERVENTIONS (PBI)

| | | |
|------------------------------|--|-----------------------|
| Name of Student: | Birthdate: | Date: |
| School of Attendance: | District of Sp Ed Accountability: | Reporting LEA: |

Name of Student: Indicate student legal name.

D.O.B: Indicate the student's date of birth (Month/Day/Year).

School of Attendance: Indicate the name of the school the student currently attends.

District of Sp Ed Accountability: Indicate the name of the LEA in which the student currently resides.

Reporting LEA: Indicate the name of the LEA in which the student is receiving their special education services.

Description of Behavior

What is the student doing?

How often is this happening? (3 times daily, 1 time weekly):

Is this mild (causes some classroom disruption of academics), **moderate** (causes disruption of class performance or activities often), **or severe behavior** (physically fighting with others, property damage, injury to self or others)? **Explain:**

How long does each episode last?

Description of Behavior: Describe the behavior displayed by student.

Frequency/Intensity/Duration of Behavior(s): List the frequency of the behavior (How often is it happening), explain the intensity of the behavior (Is it mild/moderate) and the duration of time the behavior lasts.



NOTE: If the team determines observations are necessary, an assessment plan is required.

Predictors of Target Behavior

Situations in which the behavior is likely to occur: (e.g., time of day, class subject, recess, during transitions)

Additional Information (if applicable): (e.g., medical condition, medication taken, mental health diagnosis, early developmental history that is relevant to behavior)

Predictors of Target Behavior: Describe situations in which the behavior is likely to occur and any additional information (if applicable).

Documentation of Previous Intervention(s)

Description of the supports, services and interventions previously implemented:

Goal(s): Identify the skill(s) the student needs to learn to replace the undesired behavior.

Goals are to be written into the student's IEP.

Documentation of Previous Interventions: Describe any supports, services and interventions that have previously been implemented.

Goals : Identify the skill(s) the student needs to learn to replace the undesired behavior



NOTE: Goals are to be written into the student's IEP.

Teaching Strategies & Reinforcement Procedures: Describe how student will be reinforced for desired behavior.

Teaching Strategies & Reinforcement Procedures: Check all areas that apply from the provided list or choose other and describe how student will be reinforced for desired behavior.

Reactive Strategies:

If the behavior(s) continues to escalate in frequency, intensity and/or duration, the following strategies will be considered in 4 phases:

Reactive Strategies: Indicate by checking the boxes that apply, if the behavior(s) continues to escalate in frequency, intensity and/or duration, which of the listed strategies will be considered in 4 phases and describe each choice.

Criteria for Discontinuing the Intervention(s):

What must the student achieve for this plan to discontinue?

Criteria for Discontinuing the Intervention(s): Explain criteria for discontinuing the intervention.

Coordination

Individual responsible for monitoring this plan:

Description of how the plan will be monitored:

Individuals involved in the development of this plan:

Coordination: List the individual responsible for monitoring this plan, describe how the plan will be monitored and list the individuals involved in the development of this plan.

FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)

Name of Student:

Birthdate:

Date of this FBA Report:

School of Attendance:

District of Residence:

District of Service:

Name of Student: Indicate student name.

Birthdate: Indicate the student's date of birth (Month/Day/Year).

Date of this FBA Report: Indicate the date of this FBA Report.

School of Attendance: Indicate the name of the school the student currently attends.

District of Residence: Indicate the name of the LEA in which the student currently resides.

District of Service: Indicate the name of the LEA in which the student is receiving their special education services.

| | |
|--|---|
| Reason for the FBA: | Date Assessment Plan Signed by Parent: |
| Projected Manifestation Determination IEP Date (if applicable): / / | |
| Behavior Interventions Currently in Place? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, type: <input type="checkbox"/> IEP Goals <input type="checkbox"/> Tier 2 Positive Behavior Interventions (PBI) <input type="checkbox"/> Tier 3 positive behavioral intervention plan | |

Reason for the FBA: Indicate the reason for completing the FBA.

Date Assessment Plan Signed by Parent: Indicate date (Month/Day/Year).

Projected Manifestation Determination IEP Date (if applicable): Indicate date (Month/Day/Year).

Behavior Interventions Currently in Place: Indicate either yes or no and the type of plan.

Personnel Conducting the FBA: Indicate who will be conducting the FBA.

Date(s) of FBA Data Collection: Indicate the dates the FBA data will be collected.

| | | | |
|--|------------------|------------------|-----------------|
| Description of Behavior | | | |
| Description of Behavior(s): | | | |
| Frequency/Intensity/Duration of Behavior(s): | | | |
| Target Behavior | Frequency | Intensity | Duration |
| Additional Information: | | | |

Description of Behaviors: Describe the student's behaviors.

Target Behavior/Frequency/Intensity/Duration of Behavior(s): Indicate the frequency, intensity and duration of each of the listed target behaviors.

Additional Information: List any additional information in relation to student behaviors.

| |
|--|
| Impact on Academic and Social Functioning |
| This behavior has now resulted in: |
| <input type="checkbox"/> Significant disruption to the learning of self and/or others. Explain: <input type="checkbox"/> Cumulative suspension beyond 10 days in a school year. Explain: <input type="checkbox"/> Recommendation for an Interim Alternative Educational Setting (IAES) and/or Expulsion. Explain: <input type="checkbox"/> Recommendation for a more restrictive placement. Explain: <input type="checkbox"/> Other: |

This Behavior Has Now Resulted In: Indicate the results of the behavior by checking the appropriate box and explain.

| |
|---|
| Systematic Observation and Analysis of Behavior |
| Analysis Based On: |
| <input type="checkbox"/> Interviews with: <input type="checkbox"/> Dates of Observations: Settings: <input type="checkbox"/> Review of Records: <input type="checkbox"/> Health <input type="checkbox"/> Discipline <input type="checkbox"/> Attendance <input type="checkbox"/> Special Education <input type="checkbox"/> Other: |
| Analysis of Behavior |
| Antecedent(s) of Behavior(s): |
| Consequence(s) Thought to be Maintaining Student's Behavior(s): |
| Probable Function(s) of Behavior(s): |
| Summary of Analysis: |
| The Level of Need Considered: <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme |

Analysis Based On: Indicate the basis of the analysis by checking the appropriate boxes and adding in explanations.

Analysis of Behavior: Indicate the antecedent(s) of behavior(s), consequence(s) thought to be maintaining student's behavior(s), probable function(s) of behavior(s) and summary of analysis.

The Level of Need Considered: Indicate either moderate, serious or extreme by checking appropriate box.

Recommendations for IEP Team Consideration

- ☐ Recommended Changes to the School Environment:
- ☐ Recommended Replacement Behavior(s) to be Taught and Reinforced:
- ☐ Develop/Revise IEP Goals in the Following Areas:
- ☐ Develop/Revise a positive behavioral intervention :
- ☐ Consider Referral to the Following Agency(ies):
- ☐ Consider IEP Related Services:
- ☐ Other:

Recommendations for IEP Team Consideration: Indicate the IEP team recommendations by checking the appropriate boxes and typing in additional information to describe.

RESULTS OF FBA

- ☐ A Tier 3 positive behavioral intervention will be developed as a result of this assessment.
Projected Date for IEP Team Meeting to Develop positive behavioral intervention :
- ☐ A Tier 3 positive behavioral intervention will NOT be developed as a result of this assessment.
Rationale for the determination to NOT develop a positive behavioral intervention :
Should the behavior ☐ Continue ☐ Escalate following this team meeting, the IEP team will:
- ☐ Provide positive behavior supports through the use of Tier 1 and/or Tier 2 interventions
- ☐ Other:

Results of FBA: Indicate results of the FBA by checking the appropriate box and entering any additional information.

TIER 3 POSITIVE BEHAVIORAL INTERVENTION PLAN

Note: Please include the PBIP goals within the annual goals of the IEP in order to monitor progress. Typically, there should be only 1 or 2 goals of focus.

Student Name _____ Today's Date _____

1. Description of the behavior impeding learning _____
2. It impedes learning because _____
3. IEP determined level of need was: ☐ moderate ☐ serious ☐ extreme
4. Baseline frequency, intensity or duration of behavior _____
☐ reported by _____ and/or ☐ observed by _____

Student Name: Indicate student name.

Today's Date: Indicate the date you are completing the form (month/day/year).

Description of the Behavior Impeding Learning: Describe the observable behavior that is impeding learning for the student in non-judgmental terms.

It Impedes Learning Because: Describe how learning is being impeded.

IEP determined level of need was: Check the appropriate box.

Frequency or Intensity or Duration: Address these variables and who they were reported and/or observed by.

PART I: ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

| | |
|------------------------|---|
| Observation & Analysis | Predictors for the behavior? 5. _____ Analysis of the predictors (section 5) to identify what supports the student using the problem behavior. (section 6 links to section 5) 6. _____ |
| | Environmental changes required to remove the student's need to use this behavior? (section 7 links to section 6) 7. _____ Implementers and Responsibilities: |

Predictors for the Behavior: List the predictors of behavior including the people, time, place, object, etc.

Analysis of the Predictors: Explain what factors contribute to or support the behavior.

Environmental Changes Required to Remove the Student's Need to Use This Behavior: List the changes in student's environment including time, space, materials and interactions.

Implementers and Responsibilities: Explain who will establish the changes, who will monitor the changes, at what frequency and their responsibilities.

PART II: FUNCTIONAL FACTORS AND REPLACEMENT BEHAVIORS TO TEACH AND REINFORCE

| | |
|------------------------|--|
| Observation & Analysis | 8. Function(s) of the behavior (section 8 links to section 5): <input type="checkbox"/> <u>Attention – Rationale:</u> <input type="checkbox"/> <u>Escape – Rationale:</u> <input type="checkbox"/> <u>Access to Tangible/Activity – Rationale:</u> <input type="checkbox"/> <u>Sensory (Automatic) – Rationale:</u> |
| | 9. Functionally Equivalent Replacement Behaviors (FERB): <input type="checkbox"/> <u>Attention – FERB:</u> <input type="checkbox"/> <u>Escape – FERB:</u> <input type="checkbox"/> <u>Access to Tangible/Activity – FERB:</u> <input type="checkbox"/> <u>Sensory (Automatic) – FERB:</u> |

Functions of the Behavior: Explain the function of the behavior in terms of getting, protesting or avoiding something.

Functionally Equivalent Replacement Behavior (FERB): Identify a FERB that can be taught and reinforced to allow the student's need (function) to be met in an acceptable manner.

PART IV: GOALS FOR THE IEP, TEACHING STRATEGIES AND REINFORCEMENT PROCEDURES

Behavioral Goal(s)

10. Functionally Equivalent Replacement Behavior (FERB) Goal

| By when | Who | Will do X behavior (section 9) | For the purpose of y (section 8) | Instead of Z behavior (section 1) | For the purpose of y (section 8) | Under what conditions | At what level of proficiency | As measured by whom and how |
|---------|-----|--------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------|------------------------------|-----------------------------|
| | | | | | | | | |

Increase General Positive or Decrease Problem Behavior

| By when | Who | Will do what, or will NOT do what | At what level of proficiency | Under what conditions | Measured by whom and how |
|---------|-----|-----------------------------------|------------------------------|-----------------------|--------------------------|
| | | | | | |

Functionally Equivalent Replacement Behavior (FERB) Goal: Write the FERB goal and ensure that the new behavior meets the same function as the identified problem behavior.

Increase General Positive or Decrease Problem Behavior: If the team believes that the goal needs to be broken down to support the student's ability to meet the goal, then objectives to increase positive or decrease problem behaviors should be written.

| | |
|---------------------|--|
| Intervention | Teaching strategies, curriculum, and/or materials required for the student to learn the identified replacement behaviors? <i>(List successive teaching steps for student to learn replacement behavior/s)</i> 11. _____ Implementers and responsibilities: |
| Intervention | Reinforcement procedures for establishing, maintaining, and generalizing the replacement behavior(s)? 12. _____ Selection of reinforcer based on: _____ Implementers and responsibilities: |

Teaching Strategies, Curriculum, Materials Required: List successive teaching steps for student to learn replacement behavior(s).

Implementers and Responsibilities: Identify who will establish the change/steps, who will monitor the changes, at what frequency and their responsibilities.

Reinforcement Procedures: List the reinforcement procedures for establishing, maintaining, and generalizing the replacement behavior(s)

Selection of Reinforcer Based on: Explain the basis for selecting the reinforcer.

Implementers and Responsibilities: Explain who will establish the changes, who will monitor the changes, at what frequency and their responsibilities.

PART IV: REACTIVE STRATEGIES

Reactive strategies to be employed if the problem behavior occurs again?

13. 1. Prompting: _____
2. Strategy for handling the problem behavior safely: _____
3. Debriefing: _____
4. Description of consequences (if applicable): _____

Implementers and Responsibilities: _____

Reactive Strategies: Explain what strategies will be used by team if the problem occurs again.

Implementers and Responsibilities: Explain who will establish the changes, who will monitor the changes, at what frequency, and their responsibilities.

Functionally Equivalent Replacement Behavior (FERB) Goal: Write the FERB goal and ensure that the new behavior meets the same function as the identified problem behavior.

Increase General Positive or Decrease Problem Behavior: If the team believes that the goal needs to be broken down to support the student's ability to meet the goal, then objectives to increase positive or decrease problem behaviors should be written.

PART V: COMMUNICATION PROVISIONS

14. Communication Plan

| Who | Condition(s) Contingent or Continuous | Delivery Manner | Frequency | Content | Provision for two- way communication |
|-----|--|--------------------|-----------|---------|---|
| | | | | | |
| Who | Condition(s) Contingent or Continuous | Delivery Manner | Frequency | Content | Provision for two- way communication |
| | | | | | |

Communication Plan: Delineate the six areas listed to describe how information will be communicated by and to the team members. Identify the communication participants, conditions, manner, expected frequency, content, and how it will be two way communication.

PART VI: PARTICIPATION

- | | |
|---|---|
| <input type="checkbox"/> Student _____ | <input type="checkbox"/> Parent/Guardian _____ |
| <input type="checkbox"/> Educator and Title _____ | <input type="checkbox"/> Educator and Title _____ |
| <input type="checkbox"/> Administrator _____ | <input type="checkbox"/> Other _____ |

Participation: Indicate who participated in the development of the behavior support plan by checking the appropriate box and typing in the name.



Educational Benefit Reminders:

- *Is the behavior impeding learning written in a non-judgmental description which includes observable, measurable terms?*
- *Are the predictors of behavior listed?*
- *Did the summary of environmental changes include the term "not yet"?*
- *Did the team ensure that revenge, vengeance, control and power were not used in the function of the behavior?*
- *Was the intervention logically related to the assessment?*
- *Did the reactive strategies encompass all 4 areas?*
- *Do all goals include the six components to enable adequate progress?*

- Are all goals observable and measurable if they are used for progress monitoring?
- Are all behavioral goals from the Tier 2 or Tier 3 plan also listed as Plan Review IEP goals?
- Are all implementers clear as to their responsibilities within the plan?
- Are there contaminators in the goals?
- Is the replacement behavior going to obtain the same function?
- Is the 2-way communication clearly described?

BEHAVIOR EMERGENCY REPORT

| | | | |
|--|-------------------------------------|----------------------------|------------------------------------|
| Last Name: _____ | First Name: _____ | Age: ____ | Date of Report: ____ / ____ / ____ |
| Date of Incident: ____ / ____ / ____ | Time Incident Began: _____ | Time Incident Ended: _____ | |
| District of Residence: _____ | District of Attendance: _____ | | |
| School: _____ | Setting/Location of Incident: _____ | | |
| Complete the attached Incident Analysis Form to describe what occurred including events that led up to the behavioral emergency. | | | |

Last Name: Indicate the last name of the student.

First Name: Indicate the first name of the student.

Age: Indicate the current age of the student.

Date of the Report: Indicate the date in which this report was completed (month/day/year).

Date of Incident: Indicate the date the incident occurred (month/day/year).

Time Incident Began: Indicate the time the incident started (hour/minute/am or pm).

Time Incident Ended: Indicate the time the incident ended (hour/minute/am or pm).

District of Residence: List the LEA in which the student resides.

District of Attendance: List the LEA in which the student school.

School: List the name of the school the student is attending.

Setting/Location of Incident: Indicate the setting and location of where the incident took place.

| EMERGENCY INTERVENTION(S) UTILIZED |
|---|
| Check all that apply: <input type="checkbox"/> Escort <input type="checkbox"/> Prone containment _____ (length of time) <input type="checkbox"/> Other physical containment _____ (describe) _____ (length of time) <input type="checkbox"/> Law enforcement involvement <input type="checkbox"/> Other (e.g. 5150, Department of Mental Health, etc.) _____ |

Check all that Apply: Check the box next to the emergency intervention utilized indicating specifics, as needed.

| |
|---|
| Name (s) and position(s) of staff/others involved _____ <input type="checkbox"/> No observable injuries or <input type="checkbox"/> Injuries sustained by student _____ <input type="checkbox"/> No observable injuries or <input type="checkbox"/> Injuries sustained by others (including other students and staff) _____ Other pertinent information: _____ <input type="checkbox"/> Site administrator notified of incident: _____ Date: ____ / ____ / ____ Time: _____ |
|---|

Involvement: Indicate in the appropriate section the first and last names of all involved, whether injuries were sustained by the student or others, any other pertinent information.

Site Administrator Notified of the Incident: Check box to indicate that site administrator was informed marking the date and time the information was shared.

| | | |
|--|--------------------|-------------|
| Copy of BER immediately sent to designated responsible administrator | Date: __ / __ / __ | By whom: __ |
| Recommend parent notification within 24 hours | Date: __ / __ / __ | By whom: __ |
| Copy sent to administrator of district of residence | Date: __ / __ / __ | By whom: __ |
| Copy placed in student file (on site and at District Office) | Date: __ / __ / __ | By whom: __ |

Indicate the dates that the copies of this report were shared as well as when the parents were notified of the incident. Also indicate who shared the copies.

| |
|--|
| Check ONE box: <input type="checkbox"/> Student does not have a current positive behavioral intervention plan. Within two days of the behavioral emergency, the designated responsible administrator shall schedule an IEP meeting to review the emergency report to determine the necessity for a Functional Behavioral Assessment, and to determine the need for an interim plan. The IEP team shall document the reasons for not conducting the Functional Behavioral Assessment, not developing an interim plan, or both. <input type="checkbox"/> Student has an existing positive behavioral intervention plan. When an incident involving a previously unseen serious behavior problem occurs or when a previously designated intervention is ineffective, the IEP team shall convene to review the incident and determine if there is a need to modify the positive behavioral intervention plan. BEHAVIORAL EMERGENCY REPORT Describe what occurred including events that led up to the emergency _____ IF CONTAINMENT WAS USED DIAGRAM BELOW |
|--|

Check One Box: Indicate the one box that relates to the student's current situation in relation to Positive Behavior Supports.

Describe What Occurred Including Events That Led Up to the Emergency: Write a narrative the events that led up to the emergency.


If Containment was Used Diagram Below: If the team used any containment, draw a picture of what that containment looked like with the student.


| | | |
|---|------------|----------------|
| Person(s) completing this form (Print) | Name: ____ | Position: ____ |
| Signature of person completing this form: _____ | | |


Person Completing This Form: Print the first and last name as well as the position of the person completing the form. This same person must sign the form.

REVIEW OF EXISTING DATA/ADDITIONAL ELIGIBILITY EVAL ASSESS'T NEEDED

Please see the RC SELPA "[Review of Existing Data/ Additional Eligibility Evaluation Assessment Needed](#)" on the SELPA Website.

 **NOTE:** This review must be completed in time for an assessment plan to be developed and assessment completed in the event that the review shows a need for further evaluation, or in the case that the parent requests an assessment. It is recommended that this process be started at least 90 days in advance of the Eligibility Eval.

 **NOTE:** This is a supplemental form that is not intended to be used with every Eligibility Eval review. It cannot serve as the final report template, if additional assessment is needed. It only fulfills the requirements for Eligibility Eval reevaluation when the IEP team, including parent, agrees no additional data is needed to determine eligibility.

 **NOTE:** Communicate with all team members to determine whether or not a review appears to be appropriate for student. This decision may or may not be made at an IEP with parent. A person needs to be designated to telephone the parents to explain the Determination of Need for Eligibility Eval Review Evaluation process. Either choose to invite them to an IEP to discuss the review or go over the listed questions and information in order to get parental input as a part of the process. Fill

out the page while you are talking on the phone. If the parent and/or other team member request a formal evaluation, develop a prior written notice and an assessment plan and send them out to the family.

 **NOTE: Assemble the members of the team to review existing data via the process and utilizing the form as noted below.**

| | | | |
|---|--|---|-------------------------|
| Student: _____ | Birthdate: ____ / ____ / ____ | C.A. _____ | Grade: _____ |
| School of Attendance: _____ | District of Residence/Service: _____ | Identified Eligibility Category: _____ | Current Services: _____ |
| Initial Evaluation Date: ____ / ____ / ____ | Most Current Evaluation Date: ____ / ____ / ____ | Eligibility Eval Due Date: ____ / ____ / ____ | |

Student: Indicate the student's full name (First Middle Last).

Birthdate: Indicate the student's birthdate (Month/Day/Year).

C.A.: Input student's chronological age.

Grade: Indicate Student's current grade.

School of Attendance: Indicate student's school of attendance.

District of Residence/Service: Indicate student's LEA of residence (where the child lays their head at night) and LEA of service.

Identified Eligibility Category: Input student's identified eligibility per current IEP.

Current Services: List the student's current special education services and related services (FAPE).

Initial Evaluation Date: Indicate the student's date of initial evaluation into special education (Month/Day/Year).

Most Current Evaluation Date: Indicate the most current evaluation date - initial/Eligibility Eval (Month/Day/Year).

Eligibility Eval Due Date: Indicate the date that the upcoming Eligibility Eval is due (Month/Day/Year).

PART II: PARENT INPUT

The student's parent was interviewed by ____ on ____ / ____ / ____ and answered the following questions as noted below:

The Student's Parent Was Interviewed By: Indicate who interviewed the parent (Title) and the date (Month/Day/Year).

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you believe that your child continues to have the disability that qualified him/her for Special Education services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you believe your child continues to require Special Education services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have information to share with the other members of the review team regarding your child's current performance in the educational, home and/or community setting? (attach) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is there any recent medical or other information that you believe the team needs to consider in educational planning for your child? (attach) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Mark either yes or no when answering the questions above and attach information, if available, for numbers 3 and 4.

Comments on any other information parent provided regarding student's educational performance and/or needs:

Comments: Write out information provided by parents in regard to student's needs or educational performance as indicated by answering the questions above.

PART III: TEAM MEMBERS

The following pages document the Determination of Need for Eligibility Evaluation Data for the student named above. This report consists of ____ pages. The Review Team consisted of the following members (Check all that apply):

☐ Parent ☐ School Psychologist ☐ Special Ed. Teacher ☐ General Ed. Teacher

☐ School Nurse ☐ Related Service Provider(s): _____ ☐ Other: _____

This

Report Consists of: Indicate the number of pages that the report contains.

The Review Team consisted of the following members: Check the titles of the people that participated as team members.

Student: _____ Birthdate: __/__/____ C.A. _____ Grade: _____
School of Attendance: _____ District of Residence/Service: _____

Student: Indicate the student's full name (First Middle Last).

Birthdate: Indicate the student's birthdate (Month/Day/Year).

C.A.: Input student's chronological age.

Grade: Indicate student's current grade.

School of Attendance: Indicate student's school of attendance.

District of Residence/Service: Indicate student's LEA of residence (where the child lays their head at night) and LEA of service.

PART IV: EVALUATION PROCESS: REVIEW OF EXISTING DATA

- ***Baseline is 2 comprehensive psycho-educational evaluations after age 6.***

| | |
|---|---|
| <input type="checkbox"/> Psycho-Educational Assessment Report(s) dated: __/__/____, __/__/____, __/__/____ | |
| <input type="checkbox"/> Related Service Provider(s) Assessment Report(s) dated: __/__/____, __/__/____, __/__/____ | |
| <input type="checkbox"/> Current IEP dated: __/__/____ | Previous IEPs dated: __/__/____, __/__/____, __/__/____ |
| <input type="checkbox"/> Progress toward goals report | Current year: __/__/____ Previous years: __/__/____, __/__/____ |
| <input type="checkbox"/> Report Cards | Current year: __/__/____ Previous years: __/__/____, __/__/____ |
| <input type="checkbox"/> Special Ed. Teacher Records | Current year: __/__/____ Previous years: __/__/____, __/__/____ |
| <input type="checkbox"/> General Ed. Teacher Input | Current year: __/__/____ Previous years: __/__/____, __/__/____ |
| <input type="checkbox"/> Attendance Records | Current year: __/__/____ Previous years: __/__/____, __/__/____ |
| <input type="checkbox"/> Discipline Records | Current year: __/__/____ Previous years: __/__/____, __/__/____ |
| <input type="checkbox"/> English Learner Records | Current year: __/__/____ Previous years: __/__/____, __/__/____ |
| <input type="checkbox"/> Review of health and medical records | <input type="checkbox"/> Review of medications, if applicable |
| <input type="checkbox"/> Student work samples or portfolio | <input type="checkbox"/> Other: _____ |

Student Records Reviewed (Check all that apply): Mark all of the records that were reviewed and record date of report.

PART V: CONCLUSIONS

☐ Adequate information is available based on existing files and records, to determine continued eligibility and need for special education and related services.
Team must complete section VI and have the form signed by all participants.
Please consider this form, with all included information and assessment report requirement section complete, the Eligibility Evaluation report.

☐ Additional assessment needs to be conducted to determine:

☐ If the student continues to have a disability

☐ If the student continues to need special education and/or related service

☐ The student's current levels of performance and educational needs

☐ If any additions or modifications to the student's current special education services are needed to enable the student to meet the measurable annual goals set out by the IEP and to participate, as appropriate, in the general curriculum

Conclusions: Check whether adequate information was obtained to determine continued eligibility OR if additional assessment is needed, and within which area(s).



NOTE: If more assessment is warranted, Prior Written Notice and Assessment Plan are required. If additional assessment is completed, a comprehensive written report separate from this review of existing data to determine need for additional Eligibility Eval review assessment form is also required.

PART VI: ASSESSMENT REPORT REQUIREMENTS (All must be addressed) (Not all listed below)

| Health and Developmental | |
|-------------------------------|--|
| <input type="checkbox"/> | Previous assessment includes health, medical and developmental information, as appropriate |
| <input type="checkbox"/> | Vision/Hearing Screening was completed (unless parent has denied permission) |
| <input type="checkbox"/> | Current Medications, as appropriate |
| Primary Language Requirements | |
| <input type="checkbox"/> | Current English Language Proficiency level <input type="checkbox"/> N/A |

Document Information: Indicate results on both the left side of the table which include the legally compliant report components and list out the information when describing the findings found during the records review. There are only a few areas where N/A is an option.

PART VII: SIGNATURES

| | |
|--|----------------|
| The following people have knowledge of the student's needs and contributed to this review: | |
| Name/Signature _____ | Position _____ |

The

Following People Have Knowledge of the Student's Needs and Contributed to This Review: Have each participant (as indicated above) sign the form with their name and position.

ESY ELIGIBILITY WORKSHEET

Please see the RC SELPA "[Guidelines for Determining Extended School Year](#)" located on the SELPA website.

| | | |
|---------------------|-----------------------------------|------------------------------|
| Student Name: _____ | Date of Birth: ____ / ____ / ____ | IEP Date: ____ / ____ / ____ |
| Age: _____ | Grade: _____ | Gender: _____ |

Student Name: Indicate student name.

Date of Birth: Indicate the student's date of birth (Month/Day/Year).

IEP Date: Enter the date of the IEP (Month/Day/Year).

Age: Enter the age of the student.

Grade: Specify student's current grade level.

Gender: Specify student gender (Male or Female).

| YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. At the start of the school year, with a review period equal to that of general education students, was the student unable to regain skills lost over the break that would otherwise be expected in view of the |

| | |
|---|--|
| | student's disabling condition? If NO, specify what area(s) |
| <input type="checkbox"/> <input type="checkbox"/> | 2. Does this student display a loss of previously taught skills and an inability to regain those skills following interruptions in instruction during the regular school year, i.e., Thanksgiving break, Winter Break, and Spring Break? If NO, specify what area(s) |
| <input type="checkbox"/> <input type="checkbox"/> | 3. Is the current student at a crucial stage in learning a skill(s), such that an interruption in school program might cause loss of a skill(s) that the student would not be able to re-learn in a reasonable period of time in view of the student's disabling condition? If NO, specify what essential skill(s) |
| <input type="checkbox"/> <input type="checkbox"/> | 4. Is the student able to maintain the skills identified without Extended School Year? If NO, specify what skill(s) |
| <input type="checkbox"/> <input type="checkbox"/> | 5. Does the student require ESY to continue to achieve at the level of independence that is expected in view of the student's disabling condition? |

Using input from staff and parents, answer the following questions: Complete each area by filling in information or answering yes or no to each question.

Note: Refer to criteria specified on the ESY Worksheet page 2, if answer is “yes” on any of the above.

Student Name: _____ Date of Birth: __ / __ / ____ IEP Date: __ / __ / ____

| YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.The student demonstrates a pattern of past regression in skills as evidenced by breaks of more than four weeks Comments (describe the degree (minimal or serious) of actual or likely regression following a school break): |
| Unknown | <input type="checkbox"/> | |
| | | 2. What is the estimated amount of time it takes or it may take the student to regain the prior level of knowledge skills, benefits or functioning following a school break: <input type="checkbox"/> One Month or less <input type="checkbox"/> Up to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> Other Comments: |
| | | 3. Describe the student's rate of learning (as compared with the student's ability to recoup after a break) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the IEP team feel the student's disability will continue indefinitely or for a prolonged period of time? Comments (describe the degree (minimal or serious) of actual or likely regression following a school break) Describe the degree, nature and severity of the student's disability |
| Unknown | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the IEP team feel it will be impossible or unlikely the student will attain self-sufficiency and independence expected in view of the student's disability following a break? Comments (describe the degree (minimal or serious) of actual or likely regression following a school break): |
| Unsure | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is the student at a critical point of skill acquisition or readiness where their ability to acquire the skills will be lost or greatly reduced as a result of an interruption of services? If yes, describe: |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are there any other issues concerning the student's physical, medical condition, emotional, social, behavioral, mental health, academic and/or vocational issues, and his/her ability to be with typically developing peers that may be adversely impacted if the student does not receive ESY services? If yes, describe: |
| Unsure | <input type="checkbox"/> | |

Student Name: Indicate student name.

Date of Birth: Indicate the student's date of birth (Month/Day/Year).

IEP Date: Enter the date of the IEP (Month/Day/Year).

ESY Eligibility Worksheet Page 2: Answer each question with either a yes or no and explain any special circumstances, if appropriate. Attach a copy of data reviewed in making the determination of ESY if needed beyond notes above.



Educational Benefit Reminders:

- *Is the student demographic information complete and accurate?*
- *Are the current year special education services listed?*
- *Were all areas of consideration completed in making the determination of ESY?*
- *Is there evidence of regression?*
- *Does the student take a long time to recoup information?*
- *Was evidence/data used in making the decision?*
- *Were other summer programs considered?*
- *Did the team complete the ESY worksheet by indicating yes or no for each question?*
- *Is the ESY Eligibility Worksheet attached to the current IEP?*

INDIVIDUAL SERVICE PLAN



NOTE: NOT to be used for students under the age of 6.0.

Student's Name:

DOB: __ - __ - __

Grade:

ISP Meeting Date: __ - __ - __

Student Name: Indicate the name of the student (First, Middle, Last).

D.O.B.: List the exact date (Month/Day/Year) of birth.

Grade: List the student's grade level.

ISP Meeting Date: Indicate the exact date (Month/Day/Year) on which the meeting was held.

Parent/Guardian/Surrogate Name(s):

Address:

Home Phone: (__) __ - __

Cell: (__) __ - __

Work Phone: (__) __ - __

Parent/Guardian/Surrogate: Indicate the name of the student's Parent, Guardian or Surrogate (First, Middle, Last).

Address: Indicate the complete address of the parent/guardian/surrogate.

Home Phone: Indicate the home telephone number of the parent/guardian/surrogate.

Cell: Indicate the cell phone number of the parent/guardian/surrogate.

Work Phone: Indicate the work telephone number of the parent/guardian/surrogate

District where private school is located:

District of Residence:

Private School:

Home School:

Private School Phone: () -

District of Residence Phone: () -

District Where Private School is Located: State the name of the district where in the private school is located.

District of Residence: State the name of the district in which the student resides.

Private School: List the name of the private school that the student is attending.

Home School: List the name of the school the student would attend if not in private school.

Private School Phone: Indicate the telephone number of the private school that the student is attending.

District of Residence Phone: Indicate the main telephone number of the student's district of residence.

Summary of Present Levels as identified in the IEP:

Area(s) of need as identified in the IEP:

Summary of Present Levels/Area(s) of Need as Identified in the IEP: Indicate the student's area(s) of need as documented by goal areas written on the IEP and provide a summary of student's present levels.

| Special Education Service | Frequency | Duration | Location | Start Date | End Date | Service Provider |
|---------------------------|-----------|----------|----------|------------|----------|------------------|
| | | | | - - | - - | |

District Offer for FAPE for Student at Private School:

Special Education Services: Write in the name(s) of the program (service) offered.

Frequency: Indicate the frequency of the service being offered (e.g., daily, weekly, monthly, yearly, or any other frequency).

Duration: Indicate number of times per frequency (i.e., 3 hours per day, 30 minutes twice weekly). (See CALPADS for examples).

Location: Indicate location where the service will be provided to the student.

Start/End Date: Indicate the start and end date that the student will receive the service.

Service Provider: Indicate the name of agency providing service (do not list person's name).

☒ **Check only one of the following:**

☐ Student's parents have declined the district's offer of a Service Plan. **OR**

☐ Student's parents have accepted the district's offer of a Service Plan. **OR**

☐ The District of Service's Annual Private School Protocol does not include the student's IEP determined services.

Check Only One of the Following: Indicate whether the student's parents have **either** declined **OR** accepted the LEA's offer of a Service Plan **OR** if the District of Service's Annual Private School Protocol **does not** include the student's IEP determined services.

Parent:

Date: - -

LEA Representative:

Date: - -

Other:

Date: - -

Signatures: Have all parties sign and date the form.

Next Plan Review Due By: - -

Eligibility Eval Review Due By: - -

Next Plan Review Due By: Indicate the exact date (Month/Day/Year) of the next Plan Review IEP.

Eligibility Eval Review Due By: Indicate the exact date (Month/Day/Year) of the Eligibility Eval review.



Educational Benefit Reminders:

- *Is the student demographic information complete and accurate?*
- *Is the summary of assessment findings listed?*
- *Is the district of residence's offer of FAPE listed?*
- *Is the service plan listed for attending a private school?*
- *Were all signatures obtained?*
- *Did you explain to the parent that they can enroll their child in public school and implement the IEP offer of FAPE?*
- *Did you explain to the parent the services to be provided by the LEA of service?*

NOTICE OF MEETING INDIVIDUAL SERVICE PLAN FOR PARENTALLY PLACED STUDENTS IN PRIVATE SCHOOL

Please follow the same directions for completion of the IEP Notice of Meeting starting on page 7 of this manual. The ISP Notice of Meeting is only used for those students who have been parentally placed in private school and the LEA of Service will be discussing the possibility of an ISP for the student.

ASSISTIVE TECHNOLOGY REPORT SUMMARY AND IMPLEMENTATION PLAN

Please see the RC SELPA "[Special Education Assistive Technology Guidelines and Resources](#)" located on the SELPA website.

| | | |
|---------------|-----------------|--------------|
| Name: _____ | DOB: _____ | Grade: _____ |
| School: _____ | District: _____ | |

Name: Indicate the name of the student (First, Middle, Last).

D.O.B.: List the exact date (Month/Day/Year) of birth.

Grade: List the student's grade level.

School: List the name of the student's school

District: Indicate the name of the student's current LEA.

Report Summary:

Disability(ies): _____

Current Special Education and Related Service(s): _____

Area(s) of Concern (task/activity the pupil is unable to do at a level that reflects skills/abilities): ____

Assistive Technology Accommodations, Strategies, and/or Tools Tried as Intervention: _____

Observations :

Summary of Assistive Technology Evaluation Results: _____

Disability (ies): Indicate the student's verified disability (ies).

Current Special Education and Related Service(s): Indicate the student's current offer of FAPE including all special education and related services

Area(s) of Concern: Indicate all areas of concern for the student.

Assistive Technology Accommodations, Strategies, and/or Tools Tried as Intervention: Indicate all assistive technology interventions that have been implemented for the student, including both high and low tech options.

Observations: Include what has been observed of the student.

Summary of Assistive Technology Evaluation Results: Summarize the assistive technology evaluation results.

Implementation Plan:

1. Evaluation (if/when needed): ____
2. Device: ____
3. Implementation Plan (i.e., what, by whom, when, where): ____
4. Coordination (i.e., when use, where house, etc.): ____
5. Training (i.e., on what, for whom, by whom, when): ____
6. Progress Monitoring Plan (i.e., when, by whom, standards to be applied): ____

Evaluation: Indicate if an evaluation is needed and if so, by what date.

Device: Include a list of devices that will be tried.

Implementation Plan: Include what the implementation plan will look like for the device, when, how and where it will be used and by whom.

Coordination: Include when the device will be used and where it will be stored.

Training: Include a plan for training, including what will be trained, who will be trained and the dates to be trained.

Progress Monitoring Plan: Include a progress monitoring plan that lists when progress will be monitored, by whom, how often, and what standards will be applied.



NOTE: Attach this form to the IEP and document team decisions on IEP pages as follows:

- ✓ **Special Factors Page: IEP device and/or service**
- ✓ **Services Page: Training under supplementary aids and services to be provided to the child or on behalf of child; Services under services**

Form Completed By _____ Date _____

Form Completed By: Indicate who completed the form by first and last name.

Date: Write the date that the form was completed (Month, Day, Year).

Assistive Technology Implementation Tracking Form* (Optional)

Name: _____ DOB: _____ Grade: _____
School: _____ District: _____

Name: Indicate the name of the student (First, Middle, Last).

D.O.B.: List the exact date (Month/Day/Year) of birth.

Grade: List the student's grade level.

School: List the name of the student's school

District: Indicate the name of the student's current LEA.

Assistive Technology to be tried: _____

Assistive Technology to Be Tried: Explain what AT devices will be tried with the student.

Goal for AT use: _____

Goal for AT Use: List goals to be achieved with student using the AT device.

ACQUISITION

| Source(s) | Person Responsible | Date(s) Available | Date Received | Date Returned |
|-----------|--------------------|-------------------|---------------|---------------|
|-----------|--------------------|-------------------|---------------|---------------|

Source(s): Indicate where the AT device will be purchased or ordered from.

Person Responsible: Indicate who is responsible for getting/ordering the device.

Date(s) Available: Indicate when the device is available for use.

Date Received: Indicate when the device arrived at the school.

Date Returned: Indicate when the device was returned after the trial use, if applicable.

Person primarily responsible to learn to operate this AT: _____

Person Primarily Responsible to Learn to Operate This AT: List the person who will be the primary contact that is learning how to use the device.

TRAINING

| Person(s) to be trained | Training Required | Date Begun | Date Completed |
|-------------------------|-------------------|------------|----------------|
|-------------------------|-------------------|------------|----------------|

Person(s) To Be Trained: List the people who will be trained to use the device.

Training Required: Explain what training will be required for people using the device.

Date Begun: Indicate start date of training.

Date Completed: Indicate when training is completed.

MANAGEMENT/SUPPORT

| Location(s) | Support to be provided (e.g. set up, trouble shoot, recharge, program, etc.) | Person Responsible |
|-------------|---|--------------------|
|-------------|---|--------------------|

Location(s): Indicate location that will be used to house the device.

Support to Be Provided: List what supports will be available in this setting (e.g. set up, recharging)

Person Responsible: Write the name of person who will be responsible for support in this setting.

STUDENT USE

| Date | Time Used | Location | Task(s) | Outcome(s) |
|------|-----------|----------|---------|------------|
|------|-----------|----------|---------|------------|

Date: Indicate the date in which the student used the device (month/day/year).

Time Used: Indicate the time of day in which the student used the device (hour and minute).

Location: List the location in which the student used the device.

Task(s): Explain what tasks the student was given to complete.

Outcome(s): Explain the outcomes of each task the student was given.

RELATED SERVICES INDEPENDENCE ASSISTANCE (RSIA)

Please see the RC SELPA "[Procedural Guidelines for Related Services Independence Assistance](#)" located on the SELPA Website.

Step 1 Form 30A

Procedural Checklist

| | | |
|-----------------------|-----------------------|-------------------|
| Student: _____ | ID#: _____ | Date: _____ |
| Gen Ed Teacher: _____ | Age: _____ | Disability: _____ |
| Sp Ed Teacher: _____ | DOB: _____ | Services: _____ |
| School : _____ | Grade: _____ | |
| Case Carrier: _____ | Contact Phone#: _____ | |

Student: Indicate the name of the student (first and last).

Gen Ed Teacher: Indicate the name of the general education teacher.

Sp Ed Teacher: Indicate the name of the special education teacher.

School: Indicate the name of the school the student is attending.

Case Carrier: Indicate the name of the student's case carrier.

ID#: List student's Identification number.

Age: List student's current age.

DOB: List the student's date of birth (Month/Day/Year).

Grade: List the student's current grade.

Contact Phone#: List the contact for the student's phone number.

Date: List the date this form was completed.

Disability: List the student's primary disability. Include secondary disability if appropriate.

Services: List the special education services and supports from student's current IEP.

School Site Staff Responsibilities

Step 1 Review and Complete *Procedural Checklist for RSIA (Step 1, Form 30A)*

date/initials

Step 2 Complete IEP Team Determination Process

☐ Complete **Records Review / Referral for RSIA (Step 2, Form 30B)**

date/initials

☐ Review **IEP Goals and Objectives Charting (Step 2, Form 30C)**

date/initials

☐ Gather **Task Analysis Behavioral Data (Step 2, Form 30D)**

date/initials

☐ Complete **Review of positive behavioral intervention plan (Step 2, Form 30E)**

date/initials

☐ Gather Information from Other Records, as appropriate

☐ Academic Progress/Assessments _____ (initials)

date/initials

☐ Student's Schedule _____ (initials)

- ☐ Psycho-Educational Report(s) _____ (initials)
☐ Discipline Referral Information _____ (initials)
☐ Health Records _____ (initials)

☐ Send packet to Special Education Director/Designee

date/initials

School site staff date and initial each step as completed on the checklist for Steps 1 and 2.

Responsibilities of Case Carrier, in consultation with Special Education Director/Designee

Step 3 Obtain Consent for Evaluation

☐ Complete and send proposed **Assessment Plan and Prior Written Notice**

date/initials

☐ Obtain parent consent to evaluate

date/initials

Case carrier dates and initials each step as completed on the checklist for Step 3.

Team Consultation to Determine who is Responsible for the Following:

Step 4 Evaluation

☐ Complete **RSIA Rubric (Step 4, Form 30F)**

date/initials

☐ Complete **Parent Interview (Step 4, Form 30G)**

date/initials

☐ Complete **Teacher Interview (Step 4, Form 30H)**

date/initials

☐ Complete **Student Interview**, as appropriate **(Step 4, Form 30I)**

date/initials

☐ Complete **Peer Comparison Rating Scale for RSIA Consideration (Step 4, Form 30J)**

date/initials

☐ Complete **Observational Evaluation for RSIA (Step 4, Form 30K)**

date/initials

☐ Complete any additional assessments

date/initials

Team meets to determine who will be responsible for each area and who will date and initial each step as completed on the checklist for Step 4.

Step 5 Write RSIA Evaluation Report

☐ Develop **RSIA Evaluation Report (Step 5, Form 30L)**

date/initials

Step 6 Hold IEP Meeting

☐ RSIA NOT Recommended – Process Ends
 (If parent(s) are not in agreement, send **Prior Written Notice**)

date/initials

☐ RSIA Recommended:

☐ Identify IEP Goals to be supported by RSIA

☐ Include duration, frequency, and location of RSIA on

IEP Special Factors, Comment/Continuation and Prior Written Notice pages

Step 7 Immediate IEP Meeting Follow-Up

☐ Case Carrier submits all required paperwork to Special Education Director

date/initials

☐ Special Education Director works with Human Resources to request/assign staff to provide RSIA support (**LEA Personnel Form**)

date/initials

☐ Designate personnel to train RSIA on implementation of IEP, as necessary

date/initials

Step 8 Three to Six Month IEP Meeting Follow-Up

- ☐ **Observational Review to Determine Continued Need for RSIA [Fading Plan]**
(Step 8, Form 30M) to be completed by personnel and date indicated in the IEP
(i.e., school psychologist and case carrier will complete observational review
documents within 6 months)

date/initials

- ☐ Reconvene IEP Team to discuss results of review and recommendations

date/initials

Team meets to determine who will be responsible for each area and who will date and initial each step as completed on the checklist for Steps 5-8.

Step 2, Form 30B

Procedural Checklist

| | | |
|-----------------------|-----------------------|-------------------|
| Student: _____ | ID#: _____ | Date: _____ |
| Gen Ed Teacher: _____ | Age: _____ | Disability: _____ |
| Sp Ed Teacher: _____ | DOB: _____ | Services: _____ |
| School: _____ | Grade: _____ | |
| Case Carrier: _____ | Contact Phone#: _____ | |

Student: Indicate the name of the student (first and last).

Gen Ed Teacher: Indicate the name of the general education teacher.

Sp Ed Teacher: Indicate the name of the special education teacher.

School: Indicate the name of the school the student is attending.

Case Carrier: Indicate the name of the student's case carrier.

ID#: List student's Identification number.

Age: List student's current age.

DOB: List the student's date of birth (Month/Day/Year).

Grade: List the student's current grade.

Contact Phone#: List the contact for the student's phone number.

Date: List the date this form was completed.

Disability: List the student's primary disability. Include secondary disability if appropriate.

Services: List the special education services and supports from student's current IEP.

Reason for referral:

Reason for Referral: List the reason the student has been referred to determine if RSIA support is needed.

Previous interventions and results (including frequency, duration, and location):

Previous Interventions and Results: Discuss all prior interventions that have been attempted with the student (including frequency, duration, and location) and the results.

Other unique needs:

Other Unique Needs: List any unique needs of the student that the team would need to take into consideration.

How is existing staff in your classroom or site utilized?

How is existing staff in your classroom or site utilized? Describe how staff is currently utilized in the student's classroom or site.

Describe student's daily schedule:

Describe Student's Daily Schedule: Indicate the current class schedule of the student.

Summarize relevant records (e.g., Psycho-Educational report(s), Discipline referral information, Health records):

Summarize Relevant Records: Discuss all relevant records of student including Psycho-Educational report(s), discipline referral information and health records.

This referral is made at the request of the: ☐ Gen Ed Teacher ☐ Sp Ed Teacher ☐ Parent/Guardian
☐ Other: _____

Person Completing Referral _____

Date _____

Check the box next to who requested the referral and have the person who completed the referral sign and date.

Step 2, Form 30C

IEP Goals and Objectives Charting

| | | |
|-----------------------|-----------------------|-------------------|
| Student: _____ | ID#: _____ | Date: _____ |
| Gen Ed Teacher: _____ | Age: _____ | Disability: _____ |
| Sp Ed Teacher: _____ | DOB: _____ | Services: _____ |
| School: _____ | Grade: _____ | |
| Case Carrier: _____ | Contact Phone#: _____ | |

Student: Indicate the name of the student (first and last).

Gen Ed Teacher: Indicate the name of the general education teacher.

Sp Ed Teacher: Indicate the name of the special education teacher.

School: Indicate the name of the school the student is attending.

Case Carrier: Indicate the name of the student's case carrier.

ID#: List student's Identification number.

Age: List student's current age.

DOB: List the student's date of birth (Month/Day/Year).

Grade: List the student's current grade.

Contact Phone#: List the contact for the student's phone number.

Date: List the date this form was completed.

Disability: List the student's primary disability. Include secondary disability if appropriate.

Services: List the special education services and supports from student's current IEP.

GOALS/OBJECTIVES:

Dates:

Rater's Initials:

Goals/Objectives: List out student's goals and objectives indicating by number in the matrix, the level of assistance needed for the student.

Dates: Indicate the dates that the rater observed the student.

Rater's Initials: Indicate the initials of whoever is rating the student.

Comments:

Comments: Write in rater comments.

Step 2, Form 30D

Task Analysis Behavioral Data

| | | |
|-----------------------|-----------------------|-------------------|
| Student: _____ | ID#: _____ | Date: _____ |
| Gen Ed Teacher: _____ | Age: _____ | Disability: _____ |
| Sp Ed Teacher: _____ | DOB: _____ | Services: _____ |
| School: _____ | Grade: _____ | |
| Case Carrier: _____ | Contact Phone#: _____ | |

Student: Indicate the name of the student (first and last).

Gen Ed Teacher: Indicate the name of the general education teacher.

Sp Ed Teacher: Indicate the name of the special education teacher.

School: Indicate the name of the school the student is attending.

Case Carrier: Indicate the name of the student's case carrier.

ID#: List student's Identification number.

Age: List student's current age.

DOB: List the student's date of birth (Month/Day/Year).

Grade: List the student's current grade.

Contact Phone#: List the contact for the student's phone number.

Date: List the date this form was completed.

Disability: List the student's primary disability. Include secondary disability if appropriate.

Services: List the special education services and supports from student's current IEP.

TASKS:

Dates:

Score:

Rater's Initials:

Tasks: List out student's tasks.

Dates: Indicate the dates that the rater observed the student.

Score: Indicating by number in the matrix, the level of assistance needed for the student.

Rater's Initials: Indicate the initials of whoever is rating the student.

Comments: _____

Comments: Write in rater comments such as Environmental Setting, Location, Peer Grouping, Specific Data, Unusual Situations

Step 2, Form 30E

Review of Positive Behavioral Intervention Plan

| | | |
|-----------------------|-----------------------|-------------------|
| Student: _____ | ID#: _____ | Date: _____ |
| Gen Ed Teacher: _____ | Age: _____ | Disability: _____ |
| Sp Ed Teacher: _____ | DOB: _____ | Services: _____ |
| School: _____ | Grade: _____ | |
| Case Carrier: _____ | Contact Phone#: _____ | |

Student: Indicate the name of the student (first and last).

Gen Ed Teacher: Indicate the name of the general education teacher.

Sp Ed Teacher: Indicate the name of the special education teacher.

School: Indicate the name of the school the student is attending.

Case Carrier: Indicate the name of the student's case carrier.

ID#: List student's Identification number.

Age: List student's current age.

DOB: List the student's date of birth (Month/Day/Year).

Grade: List the student's current grade.

Contact Phone#: List the contact for the student's phone number.

Date: List the date this form was completed.

Disability: List the student's primary disability. Include secondary disability if appropriate.

Services: List the special education services and supports from student's current IEP.

What are the target behaviors in the positive behavioral intervention plan? _____

Target Behaviors in the Positive Behavioral Intervention Plan: Indicate what behaviors are targeted in the Positive Behavioral Intervention Plan.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The request for RSIA is related to the identified target behaviors in the positive behavioral intervention plan. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | All interventions are developmentally appropriate for student. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The positive behavioral intervention plan is written with enough clarity and detail for any new staff to understand and implement. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | All implementers have a copy of the plan. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The positive behavioral intervention plan is being fully implemented. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | All implementers understand and/or have training in the strategies contained in the plan. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Behavior Case Manager support for the plan is adequate. |

☐ Yes ☐ No Student is making progress on the target behaviors. Indicate supporting evidence (e.g., grades, rate of homework completion, duration of on-task behavior, frequency and quality of social interactions).

Answer each question as it relates to the student's positive behavioral intervention plan.

Comments: _____

Comments: Write in rater comments.

Action(s):

- ☐ The positive behavioral intervention plan is appropriate, and no modifications are needed.
☐ Revise positive behavioral intervention plan.
☐ Develop positive behavioral intervention plan.
☐ Train support staff. Describe
☐ Other: _____

Action(s): Indicate action chosen by marking appropriate box.

Comments: _____

Comments: Write in rater comments.

Step 4, Form 30F

Rubric

| | | |
|-----------------------|-----------------------|-------------------|
| Student: _____ | ID#: _____ | Date: _____ |
| Gen Ed Teacher: _____ | Age: _____ | Disability: _____ |
| Sp Ed Teacher: _____ | DOB: _____ | Services: _____ |
| School: _____ | Grade: _____ | |
| Case Carrier: _____ | Contact Phone#: _____ | |

Student: Indicate the name of the student (first and last).

Gen Ed Teacher: Indicate the name of the general education teacher.

Sp Ed Teacher: Indicate the name of the special education teacher.

School: Indicate the name of the school the student is attending.

Case Carrier: Indicate the name of the student's case carrier.

ID#: List student's Identification number.

Age: List student's current age.

DOB: List the student's date of birth (Month/Day/Year).

Grade: List the student's current grade.

Contact Phone#: List the contact for the student's phone number.

Date: List the date this form was completed.

Disability: List the student's primary disability. Include secondary disability if appropriate.

Services: List the special education services and supports from student's current IEP.

| Health/Personal Care/Rating | Behavior/Rating | ting | Inclusion/Mainstreaming/Rating |
|-----------------------------|-----------------|------|--------------------------------|
|-----------------------------|-----------------|------|--------------------------------|

Select The Number That Best Describes The Student In Each Rubric Category That Is Appropriate:

0 = no concern, 1 = mild, 2 = moderate, 3 = significant, 4 = severe

Step 4, Form 30G

Parent Interview

| | | |
|-----------------------|-----------------------|-------------------|
| Student: _____ | ID#: _____ | Date: _____ |
| Gen Ed Teacher: _____ | Age: _____ | Disability: _____ |
| Sp Ed Teacher: _____ | DOB: _____ | Services: _____ |
| School: _____ | Grade: _____ | |
| Case Carrier: _____ | Contact Phone#: _____ | |

Student: Indicate the name of the student (first and last).

Gen Ed Teacher: Indicate the name of the general education teacher.

Sp Ed Teacher: Indicate the name of the special education teacher.

School: Indicate the name of the school the student is attending.

Case Carrier: Indicate the name of the student's case carrier.

ID#: List student's Identification number.

Age: List student's current age.

DOB: List the student's date of birth (Month/Day/Year).

Grade: List the student's current grade.

Contact Phone#: List the contact for the student's phone number.

Date: List the date this form was completed.

Disability: List the student's primary disability. Include secondary disability if appropriate.

Services: List the special education services and supports from student's current IEP.

What special education services and/or other assistance does your child currently receive? _____
When is your child successful during his/her school day? What is working? _____
What areas of difficulty does your child have and during which activities do these occur? _____
What other school programs or support from other students does your child benefit from? _____
What skills would you like your child to develop to be more independent? _____
Is there anything else you'd like us to consider? _____

Record parental responses to questions above.

| | |
|---------------------|--------------|
| Interviewee: | Date: |
| Interviewer: | Date: |

Interviewee/ Interviewer:/Date: Indicate the name of the person being interviewed, the name of the person interviewing and the date (Month/day/year).

Step 4, Form 30H

Teacher Interview Regarding RSIA

| | | |
|-----------------------|-----------------------|-------------------|
| Student: _____ | ID#: _____ | Date: _____ |
| Gen Ed Teacher: _____ | Age: _____ | Disability: _____ |
| Sp Ed Teacher: _____ | DOB: _____ | Services: _____ |
| School: _____ | Grade: _____ | |
| Case Carrier: _____ | Contact Phone#: _____ | |

Student: Indicate the name of the student (first and last).

Gen Ed Teacher: Indicate the name of the general education teacher.

Sp Ed Teacher: Indicate the name of the special education teacher.

School: Indicate the name of the school the student is attending.

Case Carrier: Indicate the name of the student's case carrier.

ID#: List student's Identification number.

Age: List student's current age.

DOB: List the student's date of birth (Month/Day/Year).

Grade: List the student's current grade.

Contact Phone#: List the contact for the student's phone number.

Date: List the date this form was completed.

Disability: List the student's primary disability. Include secondary disability if appropriate.

Services: List the special education services and supports from student's current IEP.

When is the student successful during his/her school day? What is working? _____
What areas of difficulty does the student have and during which activities do these occur? _____
What assistance does the student currently receive? _____
What other school programs or support from other students does the student benefit from? _____
What skills would you like the student to develop to be more independent? _____
Is there anything else you'd like us to consider? _____

Record teacher responses to questions above.

Interviewee:

Date:

Interviewer:

Date:

Interviewee/ Interviewer:/Date: Indicate the name of the person being interviewed, the name of the person interviewing and the date (Month/day/year).

Step 4, Form 30I

Student Interview

| | | |
|-----------------------|-----------------------|-------------------|
| Student: _____ | ID#: _____ | Date: _____ |
| Gen Ed Teacher: _____ | Age: _____ | Disability: _____ |
| Sp Ed Teacher: _____ | DOB: _____ | Services: _____ |
| School: _____ | Grade: _____ | |
| Case Carrier: _____ | Contact Phone#: _____ | |

Student: Indicate the name of the student (first and last).

Gen Ed Teacher: Indicate the name of the general education teacher.

Sp Ed Teacher: Indicate the name of the special education teacher.

School: Indicate the name of the school the student is attending.

Case Carrier: Indicate the name of the student's case carrier.

ID#: List student's Identification number.

Age: List student's current age.

DOB: List the student's date of birth (Month/Day/Year).

Grade: List the student's current grade.

Contact Phone#: List the contact for the student's phone number.

Date: List the date this form was completed.

Disability: List the student's primary disability. Include secondary disability if appropriate.

Services: List the special education services and supports from student's current IEP.

What do you like about school? When are you successful?
When do you have problems during your school day?
How do school staff members help you during the day?
Who else helps you in school?
What programs do you participate in that help you?
What are some things you would like to learn to help you to be more independent?
Is there anything else you'd like us to know about you?

Record student's responses to questions above.

Interviewee:

Date:

Interviewer:

Date:

Interviewee/ Interviewer/Date: Indicate the name of the person being interviewed, the name of the person interviewing and the date (Month/day/year).

OCCUPATIONAL AND PHYSICAL THERAPY FORMS



NOTE: Please see the RC SELPA "[Guidelines and Tools for Educationally Necessary Occupational and/or Physical Therapy](#)" located on the RC SELPA website.

THERAPY NEEDS SURVEY

Child: _____ DOB: ____ / ____ / ____ School: _____

Previous OT: ☐ Yes ☐ No If Yes: ☐ CCS ☐ Private

Child: List Student name (first, middle, last)

D.O.B. List Student's Date of Birth (month, day, year).

School: List the name of the school the student is currently attending.

Previous OT: Indicate whether or not the student has received OT in the past by checking the appropriate box.

If Yes: If the box is marked yes, as to receiving OT in the past, indicate if it was either private or through CCS.

Several Descriptions Follow on the Form: Check the appropriate box next to the description that best gives information about the student.

SIGNATURE _____ Date: ____ / ____ / ____

Signature: Signature listed of the person completing the form.

Date: Indicate the date the form was completed and signed (Month, Day, Year).

REVIEW OF EXISTING DATA RELATED TO OT

| | |
|-----------------------------|-------------------|
| Name: _____ | Date: _____ |
| School: _____ | Birthdate: _____ |
| Teacher: _____ | Parent: _____ |
| Grade _____ Address: _____ | |
| Referred by: _____ | Cell Phone: _____ |
| Language Spoken Home: _____ | School: _____ |

Name: Indicate the name of the student (first and last).

Date: Indicate the date the form was completed and signed (Month, Day, Year).

School: List the name of the school the student is currently attending.

Birthdate: List Student's Date of Birth (Month, Day, Year).

Teacher: Indicate the name of the special education teacher.

Parent: Indicate the name of the student's Parent, Guardian or Surrogate (First, Last).

Grade: List the student's current grade.

Address: Indicate Student's home address.

Referred By: Indicate the name of the person who referred the student for services (First, Last).

Cell Phone: Indicate the cell phone number of the parent/guardian/surrogate.

Language Spoken Home/School: List the primary language spoken in the home and in the school.

| | | | | |
|--------------------------|---|-------------------------------------|--------------------------------------|--|
| Educational Eligibility: | <input type="checkbox"/> Not Determined | | | |
| School Status: | Reg. Ed. <input type="checkbox"/> | RSP <input type="checkbox"/> | Speech <input type="checkbox"/> | 30-day Transfer <input type="checkbox"/> |
| | SDC <input type="checkbox"/> | Child Find <input type="checkbox"/> | Home School <input type="checkbox"/> | Hospital <input type="checkbox"/> |

Educational Eligibility: List student's eligibility for educational services

School Status: Indicate school status choice on the provided list.

| | | | |
|----------------------|-----------------|---------------|------------------|
| Dates: IEP/IFSP | 30-day Review | Plan Review | Eligibility Eval |
| Agency Status: CCS | Regional Center | Mental Health | Private OT/PT |
| Contact Information: | | | |

Dates: Indicate the date of each IEP listed, as appropriate.

Agency Status: Indicate next to choice the agency status of the student.

Contact Information: Indicate the name and phone number of the contact person.

| | |
|--------------------------|--------------------|
| Medical Diagnosis: _____ | Medications: _____ |
|--------------------------|--------------------|

Medical Diagnosis: List any medical diagnosis of the student.

Medications: Indicate any medications the student is currently taking.

| | | | | | | | |
|---|---------|-----------|--------------|-----|--------|-------|-----------|
| Presenting Problem(s): What is this child not able to do that other children in the classroom are able to do? Summarize concerns. Who is expressing the most concern? | | | | | | | |
| Parent | Teacher | Principal | Psychologist | RSP | Speech | Nurse | Physician |

Presenting Problem(s): Summarize concerns of what the child is not able to do that other children in the classroom are able to do.

Who is Expressing the Most Concern? Indicate from the list, whom is having the most concern.

| | | | | |
|--|------------|---------------|---------|-----------------------------|
| Estimated Ability: | Not Tested | Above Average | Average | Suspect Developmental Delay |
| Estimated Curriculum Level: | Lang Arts | Math | Science | History/Soc. Sci. P.E. |
| Functional Ability: Please indicate the child's level of independence and participation. | | | | |

Estimated Ability: Select, from options, student's estimated ability.

Estimated Curriculum Level: Indicate for each area, student's estimated curriculum level.

Functional Ability: In each area and setting listed, indicate student's level of independence by using the following scale: 5 = Independent, 4 = Needs Occasional Assistance, 3 = Requires Some Supervision, 2 = Constant Supervision, 1 = Dependent. Add comments as needed.

| |
|---|
| Accommodations and modifications: Percentage of expected written work child is able to complete Quality of work: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
|---|

Accommodations and Modifications: List out any accommodations or modifications the student is currently using.

Percentage Of Expected Written Work Child Is Able To Complete: Indicate percentage.

Quality of Work: Indicate from list the student's quality of work.

TEAM DISCUSSION POINTS ABOUT NEED FOR OT REFERRAL FOR EVALUATION

| | | |
|--------------|-------------------------|---------------|
| Child: _____ | DOB: ____ / ____ / ____ | School: _____ |
|--------------|-------------------------|---------------|

Child: List Student name (first, middle, last)

D.O.B. List Student's Date of Birth (month, day, year).

School: List the name of the school the student is currently attending.

Several Descriptions Follow on the Form: Check the appropriate box next to the description that best gives information about the student.

| | |
|-----------------|--------------------------|
| SIGNATURE _____ | Date: ____ / ____ / ____ |
|-----------------|--------------------------|

Signature: Signature listed of the person completing the form.

Date: Indicate the date the form was completed and signed (Month, Day, Year).

OCCUPATIONAL THERAPY REFERRAL FOR ASSESSMENT FORM

| | | |
|--------------|-------------------------|---------------|
| Child: _____ | DOB: ____ / ____ / ____ | School: _____ |
|--------------|-------------------------|---------------|

Child: List Student name (first, middle, last)

D.O.B. List Student's Date of Birth (month, day, year).

School: List the name of the school the student is currently attending.

| |
|--|
| <u>DESKTOP ACTIVITIES</u> <u>FLOOR/CIRCLE TIME</u> <u>PLAYGROUND/SCHOOL CAMPUS</u> <u>SELF-HELP</u> |
|--|

COMMENTS:

Indicate specific areas of concern: Check if the child has difficulties in any of the identified areas: List any additional comments.

SIGNATURE _____ Date: ____ / ____ / ____

Signature: Signature listed of the person completing the form.

Date: Indicate the date the form was completed and signed (Month, Day, Year).

REVIEW OF EXISTING DATA RELATED TO PT

| | |
|-----------------------------|-------------------|
| Name: _____ | Date: _____ |
| School: _____ | Birthdate: _____ |
| Teacher: _____ | Parent: _____ |
| Grade _____ | Address: _____ |
| Referred by: _____ | Cell Phone: _____ |
| Language Spoken Home: _____ | School: _____ |

Name: Indicate the name of the student (first and last).

Date: Indicate the date the form was completed and signed (Month, Day, Year).

School: List the name of the school the student is currently attending.

Birthdate: List student's Date of Birth (Month, Day, Year).

Teacher: Indicate the name of the special education teacher.

Parent: Indicate the name of the student's Parent, Guardian or Surrogate (First, Last).

Grade: List the student's current grade.

Address: Indicate student's home address.

Referred By: Indicate the name of the person who referred the student for services (First, Last).

Cell Phone: Indicate the cell phone number of the parent/guardian/surrogate.

Language Spoken Home/School: List the primary language spoken in the home and in the school.

| | | | | |
|--------------------------|---|-------------------------------------|--------------------------------------|--|
| Educational Eligibility: | <input type="checkbox"/> Not Determined | | | |
| School Status: | Reg. Ed. <input type="checkbox"/> | RSP <input type="checkbox"/> | Speech <input type="checkbox"/> | 30-day Transfer <input type="checkbox"/> |
| | SDC <input type="checkbox"/> | Child Find <input type="checkbox"/> | Home School <input type="checkbox"/> | Hospital <input type="checkbox"/> |

Educational Eligibility: List student's eligibility for educational services.

School Status: Indicate school status choice on the provided list.

| | | | | |
|----------------------|-----------------|---------------|---------------|------------------|
| Dates: IEP/IFSP | 30-day Review | Plan Review | IEP Review | Eligibility Eval |
| Agency Status: CCS | Regional Center | Mental Health | Private OT/PT | |
| Contact Information: | | | | |

Dates: Indicate the date of each IEP listed, as appropriate.

Agency Status: Indicate next to choice the agency status of the student.

Contact Information: Indicate the name and phone number of the contact person.

| | |
|--------------------|--------------|
| Medical Diagnosis: | Medications: |
|--------------------|--------------|

Medical Diagnosis: List any medical diagnosis of the student.

Medications: Indicate any medications the student is currently taking.

| | | | | | | | |
|---|---------|-----------|--------------|-----|--------|-------|-----------|
| Presenting Problem(s): What is this child not able to do that other children in the classroom are able to do? Summarize concerns. Who is expressing the most concern? | | | | | | | |
| Parent | Teacher | Principal | Psychologist | RSP | Speech | Nurse | Physician |

Presenting Problem(s): Summarize concerns of what the child is not able to do that other children in the classroom are able to do.

Who is Expressing the Most Concern? Indicate from the list, who is having the most concern.

| | | | | | |
|--|------------|---------------|---------|-----------------------------|------|
| Estimated Ability: | Not Tested | Above Average | Average | Suspect Developmental Delay | |
| Estimated Curriculum Level: | Lang Arts | Math | Science | History/Soc. Sci. | P.E. |
| Functional Ability: Please indicate the child's level of independence and participation. | | | | | |

Estimated Ability: Select, from options, student's estimated ability.

Estimated Curriculum Level: Indicate for each area, student's estimated curriculum level.

Functional Ability: In each area and setting listed, indicate student's level of independence by using the following scale: 5 = Independent, 4 = Needs Occasional Assistance, 3 = Requires Some Supervision, 2 = Constant Supervision, 1 = Dependent. Add comments as needed.

| | | | | |
|---|--|--|--|--|
| Accommodations and modifications: Percentage of expected written work child is able to complete Quality of work: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | | | | |
|---|--|--|--|--|

Accommodations and Modifications: List out any accommodations or modifications the student is currently using.

Percentage Of Expected Written Work Child Is Able To Complete: Indicate percentage.

Quality of Work: Indicate from list the student's quality of work.

PHYSICAL THERAPY REFERRAL FOR EVALUATION CHECKLIST

| | | |
|--------------|-------------------------|---------------|
| Child: _____ | DOB: ____ / ____ / ____ | School: _____ |
|--------------|-------------------------|---------------|

Child: List Student name (first, middle, last)

D.O.B. List Student's Date of Birth (month, day, year).

School: List the name of the school the student is currently attending.

| |
|---|
| <i>Mobility..... Positioning</i> |
|---|

Following a PT evaluation, the student's educational problem(s) should be identified in the categories listed: Indicate educational relevance for every problem area by marking each column with a "yes", "no" or "NA"

(not applicable). If all five entrance criteria are marked with a "yes", then PT should be considered as a related service to meet the student's IEP or IFSP goal(s).

Comments:

Comments: List any additional comments

SIGNATURE _____ Date: ____ / ____ / ____

Signature: Signature listed of the person completing the form.

Date: Indicate the date the form was completed and signed (Month, Day, Year).

PHYSICAL THERAPY EXIT CRITERIA FORM

Child: _____ DOB: ____ / ____ / ____ School: _____

Child: List Student name (first, middle, last)

D.O.B. List Student's Date of Birth (month, day, year).

School: List the name of the school the student is currently attending.

Mobility.....Positioning

Following student re-evaluation to determine continued need for PT services in school, the IEP team should complete the following: Check any exit criteria items that apply to previously identified problem areas. When one or more of the exit criteria have been met, the PT services should no longer be considered as a needed related service to meet the student's IEP or IFSP goal(s). If new problems are identified during this process, complete a new entrance criteria checklist updating the problem area(s).

Comments:

Comments: List any additional comments

SIGNATURE _____ Date: ____ / ____ / ____

Signature: Signature listed of the person completing the form.

Date: Indicate the date the form was completed and signed (Month, Day, Year).

SUMMARY OF PERFORMANCE (SOP)



NOTES about the SOP Form:

- ***It is a summary of the student's academic achievement and functional performance, including recommendations on how to assist the student in meeting post secondary goals.***
- ***Developed for each student whose eligibility for special education is terminated due to graduation with a regular diploma or reaching maximum age of eligibility.***
- ***Accompanied by a Prior Written Notice form as the student will be exiting from Special Education services.***

Reason for Exit (check the **one** that applies): ☐ Graduated per District's requirements/policy earning a regular high school diploma ☐ Graduated with a Certificate of Achievement/Completion ☐ Reached age 22 and earned Certificate of Achievement /Completion and is no longer eligible for special education

Reason for Exit: Indicate the one reason allowing the student to exit.

| BACKGROUND INFORMATION: | | | | | | |
|-------------------------|---|--------|-----------------|------------------|-------------------------|---------------------|
| Student Name: | First | Middle | Last | D.O.B. | | |
| Address: | Street | City | State | Zip | Phone # | Date SOP Completed |
| Current School: | Street | City | State | Zip | Phone # | Date of Initial IEP |
| Disability(ies) | If student is ELL, list services provided to assist the student | | Native Language | SOP Completed by | Date of Most Recent IEP | |

Student Name: Indicate the name of the student (First, Middle, Last).

D.O.B.: List the exact date (Month/Day/Year) of birth.

Student Address: List the complete address of the student.

Telephone: Indicate the telephone number of the student's home.

Date SOP Completed: List the exact date (Month/Day/Year) that the SOP was completed.

Current School: Indicate the complete address of the current school.

Telephone: Indicate the telephone number of the student's current school.

Date of Initial IEP: Indicate the exact date (Month/Day/Year) of student's initial IEP.

Disability(ies): List student's disability(ies).

If Student Is ELL, List Services Provided To Assist the Student: List the English Language Development services provided to the student per their most recent IEP.

Native Language: List student's native language.

SOP Completed By: Indicate the name of the person who completed the student's SOP form.

Date of Most Recent IEP: List the exact date (Month/Day/Year) of student's most recent IEP.

| | |
|---|----------------|
| Please Note: Your District/LEA is mandated to contact you one year after you finish your school program to determine your schooling/job status. | |
| Please indicate the ways in which you can be contacted : Social Media Accounts (Facebook, Twitter) | |
| Cell phone # | Email address: |

Social Media Accounts: List possible accounts to reach the student **privately. DO NOT post for all to see.**

Cell Phone: List student's cell phone contact number.

Email Address: Indicate the student's contact email address



NOTES about data collection for Indicator 14:

In order to obtain the information from the student 1 year after graduation, some ideas are:

- ***Ask Youth to Identify who should respond***
 - ***Ask whether they are comfortable with a parent or family member answering on their behalf, as to who that person would be***
- ***Conduct an Exit Survey***
 - ***Best and multiple forms of contact***
 - ***Who Youth would like to hear from one year later***
- ***Provide multiple forms of Pre-Notification***
 - ***In school: share the results from previous years***
 - ***Talk about the survey/interview***
- ***Leave a message with a call back number to distinguish from telemarketers***

STUDENT'S POSTSECONDARY GOAL(S):

1. _____

Student's Postsecondary Goal: List the student's postsecondary goal(s).

IF EMPLOYMENT IS THE PRIMARY GOAL, STUDENT'S TOP THREE JOB INTERESTS:

1. _____

If Employment is the Primary Goal, Student's Top Three Job Interests: List the student's top three job interests.

RECOMMENDATIONS TO ASSIST THE STUDENT IN MEETING POSTSECONDARY GOALS:

(Suggestions for accommodations, assistive devices and/or services, compensatory strategies, and/or collateral support services to enhance access in the following post-high school environments. Only complete those relevant to the student's postsecondary goals identified in the Individual Transition Plan [ITP] portion of the IEP.)

Higher Education or Career-Technical Education: _____**Employment:** _____**Independent Living:** _____**Community Participation:** _____

Recommendations to Assist the Student in Meeting Postsecondary Goals: Include suggestions for accommodations, assistive devices and/or services, compensatory strategies, and/or collateral support services to enhance access in the various post-high school environments. Only complete those areas relevant to the student's postsecondary goals identified in the Individual Transition Plan [ITP] portion of the IEP.

ACADEMIC CONTENT AREAS**PRESENT LEVEL OF PERFORMANCE**

(grade level, standard scores, strengths, needs, interests, learning preferences)

English Language Arts:

(ELA)

Reading:

(Basic reading/decoding, reading comprehension, reading speed)

Written Expression:

(Written expression, spelling)

Math:

(Calculation skills, algebraic problem solving, quantitative reasoning)

Learning Skills:

(Class participation, note taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)

Present Levels of Performance: Indicate student's academic present levels including grade level, standard scores, strengths, needs, interests and learning preferences.

COGNITIVE AREAS**PRESENT LEVEL OF PERFORMANCE**

(grade level, standard scores, strengths, needs, interests, learning preferences)

General Ability and Problem Solving:

(reasoning/processing)

Attention and Executive Functioning:

(energy level, sustained attention, memory functions, processing speed, impulse control, activity level)

Communication:

(speech/language, assisted communication)

Present Levels of Performance: Indicate student's cognitive present levels including grade level, standard scores, strengths, needs, interests and learning preferences..

| FUNCTIONAL AREAS | PRESENT LEVEL OF PERFORMANCE (grade level, standard scores, strengths, needs, interests, learning preferences) |
|--|---|
| Social Skills and Behavior/Emotional: (Interaction with teachers/peers, level of initiation in asking for assistance, confidence and persistence as a learner) | |
| Independent Living Skills/Self Help: (Self-care, leisure skills, personal safety, transportation, banking, budgeting) | |
| Environmental Access/Mobility: (Assistive technology, mobility, transportation) | |
| Self-Determination/Self-Advocacy Skills: (Ability to identify and articulate postsecondary goals, learning strengths and needs) | |
| Essential Accommodations/Modifications and/or Assistive Technology Utilized: | |
| Health/Additional Considerations: (medical, family concerns) | |

Present Levels of Performance: Indicate student's functional present levels including grade level, standard scores, strengths, needs, interests and learning preferences.

| AGENCY LINKAGES Check agencies known to be working with the individual or could be a resource to the individual | AGENCY CONTACT PERSON AND PHONE NUMBER |
|--|--|
| <input type="checkbox"/> Regional Center | |
| <input type="checkbox"/> California Children's Services (CCS) | |
| <input type="checkbox"/> Department of Health and Human Services | |
| <input type="checkbox"/> Mental Health Services | |
| <input type="checkbox"/> Employment Development Department | |
| <input type="checkbox"/> California Department of Rehabilitation | |
| <input type="checkbox"/> Community College/University Disabled Student Services | |
| <input type="checkbox"/> Other | |

Agency Linkages: Indicate agencies known to be working with or a resource to the student.

Agency Contact Person and Phone Number: List the name of each agency contact and their phone number.

| | |
|---------------------------------|---|
| Name of School District: | Title of Contact Person: |
| School District's Phone Number: | Best if contact is made no later than: ____ / ____ / ____ |

Indicate contact information for the person who can provide the student with additional school information.

| NOTE: These accommodations have been documented on the IEP dated ____ / ____ / ____ | |
|---|--|
| SUPPLEMENTARY AIDS, SERVICES & OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT | |
| Aids, Services, Program Accommodations/Modifications, and/or Supports | |
| | <input type="checkbox"/> Student <input type="checkbox"/> Personnel |

Aids, Services, Program Accommodations/Modifications and/or Supports: List out each and indicate if it is a Supplementary aid or support for either the student or personnel. This is the same list from the Services page of the IEP.



Educational Benefit Reminders:

- *Is the demographic information on the student complete and accurate?*
- *If the student is ELL, did you list services provided to them?*

- *Are student's postsecondary goals listed?*
- *Are students top three job interests listed?*
- *Are recommendations to assist the student in postsecondary goals listed?*
- *Are student's present levels of performance listed within the areas of academic, cognitive and functional areas?*
- *Was the student provided a copy of the SOP upon exiting school by graduating or reaching the age of 22?*
- *The SOP must be completed during the final year of a student's high school education. The timing of completion of the SOP may vary depending on the student's postsecondary goals. If a student is transitioning to higher education, the SOP, with additional documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from state agencies such as vocational rehabilitation. In some instances, it may be most appropriate to wait until the spring of a student's final year to provide an agency or employer the most updated information on the performance of the student. Legal Citation: IDEA 2004 §Sec. 300.305(e) (3).*

Appendix A

Notice of Procedural Safeguards and Parents' Rights

RIVERSIDE COUNTY SPECIAL EDUCATION LOCAL PLAN AREA

2935 Indian Ave., Perris, CA 92571
Telephone (951) 490-0375 FAX (951) 490-0376

NOTICE OF PROCEDURAL SAFEGUARDS AND PARENTS' RIGHTS

*Special Education Rights of Parents and Children
Under the Individuals with Disabilities Education Act, Part B
2004 Reauthorization (H.R. 1350)*

INTRODUCTION

This information provides you as parents, legal guardians, and surrogate parents of children with disabilities from 3 years of age through age 21 with an overview of your educational rights, sometimes called procedural safeguards. This notice is also provided for students who are entitled to these rights at age 18. [20 USC 1415; EC 56041.5 and 56301] A copy of these safeguards will be given to you once a year. Additional copies may be given; upon an initial referral or parent request for evaluation, upon the first occurrence of the filing of a complaint, when a decision is made to make a removal that constitutes a change of placement and at your request. If your district has a website, a copy of these procedural safeguards may be made available to you through that website. [20 USC 1415(d); 34 CFR 300.504; EC 56301(d)(2), 56321 and 56341.1(g)(1)] You may elect to receive this notice and other notices required under this section by an electronic mail (e-mail) communication, if your district makes such an option available.

Individuals with Disabilities Education Act (IDEA)

IDEA is a federal law that requires school districts to provide a "free appropriate public education" (FAPE) to eligible children with disabilities. A free appropriate public education means that special education and related services are to be provided as described in an individualized education program (IEP) and under public supervision to your child at no cost to you.

Participation in Making Decisions About Your Child's Education

You have the right to refer your child for special education services. You must be given opportunities to participate in any decision-making meeting regarding your child's special education program. You have the right to participate in an IEP meeting either in person, by teleconference, written communication and/or by sending a representative to discuss the identification (eligibility), assessment, educational placement of your child and other matters relating to your child's free appropriate public education. [20 USC 1414(d)(1)B-(d)(1)(D), 20 USC 1415(d); 34 CFR 300.321 and 300.504; EC 56301(d)(2) and EC 56321]

You also have the right to participate in the development of the IEP and to be informed of the availability of free appropriate public education, including all appropriate program options, and of all available alternative programs, both public and nonpublic.

Additionally, you have the right to electronically record the meeting on an audio tape recorder. The law requires that you notify the district 24 hours prior to meeting if you intend to record the proceedings. If the parent or guardian does not consent to the LEA audiotape recording an IEP meeting, the meeting shall not be recorded on an audiotape recorder. [EC 56301, 56321, 56341.1(g)(1) and 56506(d)]

Additional Assistance

When you have a concern about your child's education it is important that you call or contact your child's teacher or administrators to talk about your child and any problems you see. Staff in the Special Education Department can answer questions about your child's education, your rights, and procedural safeguards. When you have a concern, this informal conversation often solves the problem and helps maintain open communication. Additional resources are listed at the end of this document to help you understand the procedural safeguards.

You may also want to contact one of the California parent organizations (Family Empowerment Centers and Parent Training Institutes), which were developed to increase collaboration between parents and educators to improve the educational system. Contact information for these organizations is found on the CDE special education California Parent Organizations Web page at <http://www.cde.ca.gov/sp/se/ga/capmntorg.asp>.

Additional resources are listed at the end of this document to help you understand the procedural safeguards.

NOTICE, CONSENT, ASSESSMENT, AND ACCESS

Prior Written Notice

You have the right to receive a written notice from the school district before decisions affecting your child's special education are put into place. These include decisions to:

- identify your child as a child with a disability, or change your child's eligibility from one disability to another;

- evaluate or reevaluate your child;
- provide a free appropriate public education to your child, or change a component of your child's free appropriate public education;
- place your child in a special education program;
- change your child's special education placement.; or,
- revoke consent after consenting to the initial provision of services. [34 CFR 300.300(b)(3) and (4), 1415(c)(1), 1414(b)(1); 34 CFR 300.503 and 300.9; EC 56329 and 56506(a)]

The school district must inform you about proposed evaluations of your child in a written notice or an assessment plan within fifteen (15) days of your written request for evaluation. The notice must be understandable and in your native language or other mode of communication, unless it is clearly not feasible to do so. [34 CFR 300.304; EC 56321]

You also have the right to written notice from the school district if the district refuses your request to take these actions.

The Prior Written Notice must include the following:

- a description of the actions proposed or refused by the school district;
- an explanation of why the action was proposed or refused;
- a description of other options considered and the reasons those options were rejected;
- a description of each assessment procedure, test, record or report used as a basis for the action proposed or refused;
- a description of any other factors relevant to the action proposed or refused;
- a statement that parents of a child with a disability are protected by the procedural safeguards; and,
- sources for parents to contact to obtain assistance in understanding the provisions of this subchapter. [20 USC 1415(b)(3) and (4), 1415(c)(1), 1414(b)(1); 34 CFR 300.503]

Parent Consent

Parents' written approval is required for:

- **First Evaluation:** The school district must have your informed written consent before it can evaluate your child. You will be informed about the evaluations to be used with your child. The parent has at least fifteen (15) days from the receipt of the proposed assessment plan to arrive at a decision. The assessment may begin immediately upon receipt of the consent and must be completed and an IEP developed within sixty (60) days of your consent not counting days between the pupil's regular school sessions, terms, or days of school vacation in excess of five schooldays. The school district may seek to evaluate your child in special education through a due process hearing, if it believes that it is necessary for your child's education. You and the school district may agree to first try mediation to resolve your disagreements. [20 USC 1414(a)(1)(D) and (c); EC 56321(c)(d), 56346, 56506(e)]
- **Re-evaluation:** The school district must have your informed written consent before reevaluating your child. However, the school district may reevaluate your child without your written consent if the school district has taken reasonable measures to get your consent and you have not responded. [34 CFR 300.300(c)(1)(ii)] The assessment may begin immediately upon receipt of the consent and must be completed and an IEP developed within sixty (60) days of your consent not counting days between the pupil's regular school sessions, terms, or days of school vacation in excess of five schooldays.
- **Initial Placement in Special Education:** You must give informed written consent before the school district can place your child in a special education program. You can refuse consent for an evaluation, a reevaluation, or the initial placement of your child in special education. To avoid confusion, you should inform the school in writing if you want to refuse consent to a reevaluation. If you refuse to consent to the initiation of services, the school district must not provide special education and related services and shall not seek to provide services through due process procedures. If you consent in writing to the special education and related services for your child but do not consent to all of the components of the IEP, those components of the program to which you have consented must be implemented without delay.
- **Revocation of Consent:** Parents may only revoke consent in writing, and this action is not retroactive. Once the parent revokes consent the district will provide prior written notice and exit the student from all special education services. If in the future the parent seeks re-enrollment in special education, the assessment will be treated as an initial assessment. [34 CFR 300.9]
- **Authorization to Request/Release Information:**
To obtain information from outside agencies, consent forms must describe the activity for which consent is sought and list the records (if any) that will be released and to whom. You can revoke consent at any time, except that revocation is not retroactive (does not negate actions that occurred after consent was given and before consent was revoked). [34 CFR 300.500] Written parent consent is not required to release educational information, under certain circumstances. [EC 49076]
- **Consent to Bill California Medi-Cal & Release/Exchange Information for Health Related Special Education and Related Services:**
School districts may submit claims to California Medi-Cal for covered services provided to Medi-Cal eligible children enrolled in special education programs. The Medi-Cal program is a way for school districts and/or County Offices of Education (COEs) to receive federal funds to help pay for health related special education and related services. Your consent is voluntary and can be revoked at any time. If you do

revoke consent, the revocation is not retroactive. Consent will not result in denial or limitation of community-based services provided outside the school. If you refuse to consent for the school district and/or COE to access California Medi-Cal to pay for health related special education and/or related services, the school district and/or COE is still responsible to ensure that all required special education and related services are provided at no cost to you. As a parent, you need to know that:

- You may refuse to sign consent.
- Information about your family and child is strictly confidential.
- Your rights are protected under Title 34, Code of Federal Regulations 300.154; Family Education Rights Privacy Act of 1974 (FERPA); Title 20, United States Code Section 1232(g); Title 34 Code of Federal Regulations Section 99.
- Your consent is good for one year unless you withdraw your consent before that time. Your consent can be renewed annually at the IEP team meeting. Furthermore, as a public agency, the school district may access your public benefits or insurance to pay for related services required under Part B of the IDEA, for a free appropriate public education (FAPE). For related services required to provide FAPE to an eligible student, the school district:
- May not require you to sign up for or enroll in public benefits or Insurance programs (Medi-Cal) in order for your child to receive FAPE under Part B of the IDEA (34 CFR 300.154(d)(2)(i)).
- May not require you to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services and reimbursement through Medi-Cal (34 CFR 300.154(d)(2)(ii)).
- May not use your child's benefits under Medi-Cal if that use would:
 - Decrease available lifetime coverage or any other insured benefit.
 - Result in the family paying for services that would otherwise be covered by the public benefits or insurance program (Medi-Cal) and are required for your child outside of the time your child is in school.
 - Increase premiums or lead to the discontinuation of public benefits or insurance (Medi-Cal).
 - Risk loss of eligibility for home and community-based waivers, based on aggregate health related expenditures.

Surrogate Parent Appointment

In order to protect the rights of the child, school districts must ensure that an individual is assigned to act as a surrogate parent for the parents of a child with a disability when a parent cannot be identified and the school district cannot discover the whereabouts of a parent. A surrogate parent may be appointed if the child is an unaccompanied homeless youth, an adjudicated dependent or ward of the court under the state Welfare and Institution Code and the child is referred to special education or already has an IEP. [20 USC 1415(b)(2); EC 56050; 34 CFR 300.519; GC 7579.5 and 7579.6]

Age of Majority

When your child reaches the age of 18, all rights under Part B of the IDEA will transfer to your child. The only exception will be if your child is determined to be incompetent under State Law. [34 CFR 300.520; EC 56041.5]

Assessment

Nondiscriminatory Assessment

You have the right to have your child assessed in all areas of suspected disability. Materials and procedures used for assessment and placement must not be racially, culturally, or sexually discriminatory. Assessment materials must be provided and the test(s) administered in your child's native language or mode of communication, unless it is clearly not feasible to do so. No single procedure can be the sole criterion for determining eligibility and developing an appropriate education program for your child. [20 USC 1414(b)(1)-(3), 1412 (a)(6)(B); EC 56001(j) and EC 56320; CFR 300.304]

Assessment Plan

When the district is seeking to assess your child, you will be given a written, proposed assessment plan. Along with that plan you will receive a copy of this Procedural Safeguards document. When the assessment is completed, an individualized education program team meeting, which includes you, the parent or guardian, and or your representatives, will be scheduled to determine whether the student qualifies for special education services. The IEP Team will discuss the assessment, the educational recommendations and the reasons for these recommendations. A copy of the assessment report and the documentation of determination of eligibility will be given to you. [EC 56329 (a)]

Independent Educational Evaluation

If you disagree with the results of the assessment conducted by the school district, you have the right to ask for an independent education evaluation (IEE) for your child, from a person qualified to conduct the assessment, at public expense. The parent is entitled to only one independent educational evaluation at public expense each time the public agency conducts an evaluation with which the parent disagrees. The school district must respond to your request for independent educational evaluation and provide you information, upon request, about obtaining an independent educational evaluation. If the school district disagrees that an independent evaluation is necessary, the school district must request a due process hearing to prove that its assessment was appropriate. If the district prevails, you still have the right to an independent assessment but not at public expense. The IEP Team must consider independent assessments.

District assessment procedures allow in-class observation of students. If the school district observes your child in his or her classroom during an assessment, or if the school district would have been allowed to observe your child, an individual conducting an independent educational assessment

must also be allowed to observe your child in the classroom. If the school district proposes a new school setting for your child, an independent educational assessor must be allowed to first observe your child in the proposed new setting.

[20 USC 1415(b)(1) and (d)(2)(A); EC 56329(b)(c) and 56506(c); 34 CFR 300.502]

Access to Educational Records

All parents of a child enrolled in the school district have the right to inspect records under the Family Education Rights and Privacy Act (FERPA), which has been implemented in California under Education Code Sections 49060-49079. Under IDEA, parents of a child with disabilities (including noncustodial parents whose rights have not been limited) have the right to review all educational records regarding the identification, evaluation, and educational placement of the child and the provision of a free appropriate public education and to receive an explanation and interpretation of the records. Under California statutes, the parents have the right to review and to receive copies of educational records. These rights transfer to a nonconserved pupil who is eighteen years old or attending an institution of post secondary education.

“Education record” means those records that are directly related to a pupil and maintained by an educational agency or a party acting for the agency or institutions, and may include (1) the name of the child, the child’s parent or other family member; (2) the address of the child; (3) a personal identifier such as the child’s social security number, student number, or court file number; and (4) a list of personal characteristics or other information that would make it possible to identify the child with a reasonable certainty. Both federal and state laws further define a pupil record as any item of information directly related to an identifiable pupil, other than directory information, which is maintained by a school district or required to be maintained by an employee in the performance of his duties whether recorded by handwriting, print, tapes, film, microfilm, computer, or by other means. Pupil records do not include informal personal notes prepared and kept by a school employee for his/her own use or the use of a substitute. If records contain information about more than one student, a parent can have access only to that portion of the record pertaining to his/her child.

The custodian of records at each school site is the principal of the school. The district custodian of records is the Director of Pupil Services. Pupil records may be kept at the school site or district office, but a written request for records at either site will be treated as a request for records from all sites. The custodian of records will provide you with a list of the types and locations of pupil records (if requested). The custodian of the records shall limit access to those persons authorized to review the pupil record, which includes the parents of the pupil, a pupil who is at least sixteen years old, individuals who have been authorized by the parent to inspect the records, school employees who have a legitimate educational interest in the records, post secondary institutions designated by the pupil, and employees of federal, state and local education agencies. In all other instances access will be denied unless the parent has provided written consent to release the records or the records are released pursuant to a court order. The district shall keep a log indicating the time, name and purpose for access of those individuals who are not employed by the school district.

You have a right to inspect and review all of your child’s educational records without unnecessary delay, including prior to a meeting about your child’s IEP or before a due process hearing. The school district must provide you access to records and copies, if requested, within five business days after the request has been made orally or in writing. A fee for copies, but not the cost to search and retrieve, may be charged unless charging the fee would effectively deny access to the parent. [20 USC 1415(b); EC 49060, 49069, 56043 (n), 56501(b)(3), and 56504]

Parents who believe that information in the education records collected, maintained or used by the school district is inaccurate, misleading or violates the privacy or other rights of the pupil may request in writing that the school district amend the information. If the district concurs, the record will be amended and the parent will be informed. Should the district refuse to make the amendment requested, the district shall notify the parent of the right to and provide a hearing, if required, to determine whether the challenged information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the pupil. If it is decided by the governing board after the hearing that a record will not be amended, the parent shall have the right to provide what he/she believes is a corrective written statement to be permanently attached to the record. The district has policies and procedures governing the retention and destruction of records. Parents wishing to request the destruction of records, which are no longer necessary to the school district, may contact the District’s Custodian of Records. However, the district is required to maintain certain information in perpetuity.

[34 CFR 99; CFR 300.613—621; 20 USC 1412(a)(8); 1417(c); 20 USC 1415 (b)(1); 34 CFR 500.567; EC 49070]

HOW DISPUTES ARE RESOLVED

Due Process Hearing

You have the right to request an impartial due process hearing regarding:

- The identification of your child for special education eligibility.
- The assessment of your child.
- The educational placement of your child.
- The provision of a free appropriate public education (FAPE) for your child.

The request for a due process hearing must be filed within *two years* from the date you knew or had reason to know of the facts that were the basis for the hearing request. [20 USC 1415(b)(6); 34 CFR 300.507; EC 56043(r), 56501 and 56505(l)] There is an exception to this timeline if you were prevented from requesting the hearing earlier because:

- a) the district misrepresented that it had resolved the problem
- b) the district withheld information that should have been provided to you [H.R.1350 §615(f)(3)(D)]

Mediation and Alternative Dispute Resolution (ADR)

A request for mediation may be made either before or after a request for a due process hearing is made. You may ask the school district to resolve disputes through mediation, which is less adversarial than a due process hearing. Alternative Dispute Resolution (ADR) may also be available in your district. Mediation and ADR are free voluntary methods of resolving a dispute and may not be used to delay your right to a due process hearing. The parents and the school district must agree to try mediation before mediation is attempted. A mediator is a person who is trained in strategies that help people come to agreement over difficult issues. [20 USC 1415(e); EC 56500.3]

Pre-hearing Mediation Conference

You may seek resolution through mediation prior to filing a request for a due process hearing. The conference is an informal proceeding conducted in a nonadversarial manner to resolve issues relating to the identification, assessment, or educational placement of a child or to FAPE. At the prehearing mediation conference, the parent or the school district may be accompanied and advised by attorney and/or nonattorney representatives and may consult with such persons prior to or following the conference. However, requesting or participating in a prehearing mediation conference is not a prerequisite to requesting a due process hearing.

All requests for a prehearing mediation conference shall be filed with the State Superintendent [via the Office of Administrative Hearings (OAH)]. The party initiating a prehearing mediation conference shall provide the other party to the mediation with a copy of the request at the same time the request is filed. The prehearing mediation conference shall be scheduled within fifteen (15) days of receipt by the State Superintendent [via OAH] of the request for mediation and shall be completed within thirty (30) days after receipt of the request for mediation unless both parties agree to extend the time. If a resolution is reached, the parties shall execute a legally binding written agreement that sets forth the resolution. All discussions during the mediation process shall be confidential. All prehearing mediation conferences shall be scheduled in a timely manner and held at a time and place reasonably convenient to the parties. If the issues fail to be resolved to the satisfaction of all parties, the party who requested the mediation conference has the option of filing for a due process hearing. [EC 56500.3 and 56503]

Mediation Only

"Mediation Only" is requested through the Office of Administrative Hearings and participation is voluntary. If one of the parties declines the opportunity to participate, the mediation cannot occur. However, either party still has the option of requesting a due process hearing. The law provides that attorneys and other independent contractors who provide legal advocacy services shall not attend or otherwise participate in "Mediation Only". However, they may participate during all stages of the due process procedures. This means that by requesting "Mediation Only" you may not have an attorney or advocate present at mediation. The OAH will assign your request to a specific mediator. All mediators are under contract with the Office of Administrative Hearings and are experienced in the area of Special Education Mediation. [EC 56503(b)]

Due Process Rights

You have a right to:

1. Have a fair and impartial administrative hearing at the state level with a person who is knowledgeable of the laws governing special education and administrative hearings [20 USC 1415 (f)(1)(A), 1415 (f)(3)(A)-(D); 34 CFR 300.511; EC 56501(b)(4)];
2. Be accompanied and advised by an attorney and/or individuals who have knowledge about children with disabilities [EC 56505(e)(1); 20 USC 1415(h)(1)];
3. Present evidence, written arguments, and oral arguments [EC 56505(e)(2)];
4. Confront, cross-examine, and require witnesses to be present [EC 56505(e)(3)];
5. Receive a written or, at the option of the parent, an electronic verbatim record of the hearing, including findings of fact and decisions [EC 56505(e)(4); 20 USC 1415(h)];
6. Have your child present at the hearing [EC 56501(c)(1)];
7. Have the hearing be open or closed to the public [EC 56501(c)(2)];
8. Be informed by the other parties of the issues and their proposed resolution of the issues at least ten calendar days prior to the hearing [EC 56505(e)(6) and 56043(u); 20 USC 1415(f)];
9. Receive a copy of all documents, including assessments completed by that date and recommendations, and a list of witnesses and their general area of testimony within five business days before a hearing and bar the introduction of any documents or witnesses if not informed within 5 business days [EC 56505(e)(7)(8); 56043(v); EC 56505.1(d)];
10. Have an interpreter provided at the expense of the California Dept. of Education [CCR 3082(d)];
11. Request an extension of the hearing timeline [EC 56505(f)(3)];
12. Have a mediation conference at any point during the due process hearing [EC 56501(b)(1)(2)]; and,
13. Receive notice from the other party, at least ten days prior to the hearing that it intends to be represented by an attorney [20 USC 1415(e); 34 CFR 300.506, 300.508, 300.512 and 300.515; EC 56507(a)].

In any action or proceeding regarding the due process hearing, the court, in its discretion, may award reasonable attorneys' fees as a part of the costs to you as the parent of a child with a disability if you are the prevailing party in the hearing. Reasonable attorneys' fees may also be made following the conclusion of the administrative hearing with the agreement of the parties. [20 USC 1415(i); EC 56507(b)]

Fees may be reduced for any of the following:

1. The court finds that you unreasonably delayed the final resolution of the controversy;
2. The hourly attorneys' fees exceed the prevailing rate in the community for similar services by attorneys of reasonable comparable skill, reputation, and experience;
3. The time spent and legal services provided were excessive; or,
4. Your attorney did not provide to the school district the appropriate information in the due process complaint.

Attorneys' fees will not be reduced, however, if the court finds that the state or the school district unreasonably delayed the final resolution of the action or proceeding or there was a procedural safeguards violation. Attorneys' fees may not be awarded relating to any meeting of the IEP team unless an IEP meeting is convened as a result of a due process hearing proceeding or judicial action. Attorney fees may also be denied if you reject a reasonable settlement offer made by the district/public agency ten days before the hearing begins and the hearing decision is not more favorable than the settlement offer. [20 USC 1415(i)(3)(B)-(G); 34 CFR 300.517]

Filing a Written Due Process Complaint

To file for mediation or a due process hearing, contact:

**Office of Administrative Hearings
Special Education Division
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4231
Phone: (916) 263-0880
Fax: (916) 263-0890**

You need to file a written request for a due process hearing. The written notice shall be kept confidential. You or your representative needs to submit the following information in your request:

1. Name of the child;
2. Address of the residence of the child;
3. Name of the school the child is attending;
4. In the case of a homeless child, available contact information for the child and the name of the school the child is attending; and,
5. A description of the nature of the problem, including facts relating to the problem(s) and a proposed resolution of the problem(s).

Federal and state law requires that either party filing for a due process hearing must provide a copy of the written request to the other party. [20 USC 1415(b)(7), 1415 (c)(2); 34 CFR 300.508; EC 56502(c)(1)]

Child's Placement While Due Process Proceedings are Pending

According to the "stay put" provision of the law, a child involved in any administrative or judicial proceeding must remain in the current educational placement unless you and the school district agree on another arrangement. If you are applying for initial admission to a public school, your child will be placed in a public school program with your consent until all proceedings are completed. [20 USC 1415(j); EC 56505(d); 34 CFR 300.518]

Opportunity for District to Resolve the Due Process Complaint

If you choose to file a due process complaint as explained in the section entitled "Filing a Written Due Process Complaint", a resolution meeting must be scheduled by the district within 15 days of receiving the notice of your due process complaint. The purpose of the meeting is to give you opportunity to discuss your due process complaint and the facts on which you based your complaint so that the district has a chance to address your concerns and work with you to reach a resolution. This resolution meeting must be held before the initiation of a due process hearing. The resolution meeting shall include a representative of the school district who has decision-making authority and not include an attorney of the school district unless the parent is accompanied by an attorney. The resolution meeting is not required if the parent and the school district agree in writing to waive the meeting. The district has 30 days from the receipt of the due process complaint to resolve the due process complaint or the due process hearing must occur. If a resolution is reached, the parties shall execute a legally binding agreement. If the parents and the district are unable to resolve the due process complaint and it goes to hearing, the hearing decision is final and binding on both parties. Either party can appeal the hearing decision by filing a civil action in state or federal court within 90 days of the final decision. [20 USC 1415(f)(1)(B), (i)(2) and (3)(A), 1415 (l); CFR 300.516; EC 56501.5; 56505(h)(k), 56043(q)(s)(w); 34 CFR 300.510 and 300.516]

COMPLIANCE COMPLAINT PROCEDURES

State Appeal Process

Note: *Complaint procedures in this section are related specifically to the California State Appeal Process and are not the same as the due process complaint procedures covered earlier in this document.*

You may file a state compliance complaint when you believe that a school district has violated federal or state special education laws or regulations. Your written complaint must specify at least one alleged violation of federal and state special education laws. The violation must have occurred not more than one year prior to the date the complaint is received by the California Department of Education (CDE). When filing a complaint, you must forward a copy of the complaint to the school district at the same time you file a state compliance complaint with the CDE. If you are not in agreement with the compliance complaint decision, you have the option of filing an appeal with CDE to request reconsideration. [34 CFR 300.151–153; 5 CCR 4600; 5 CCR 4665].

If you wish to file a complaint with the California Department of Education, you should submit your complaint in writing to:

**California Department of Education
Special Education Division
Procedural Safeguards Referral Service
1430 N Street Suite 2401
Sacramento, California 95814
Attn: PSRS Intake**

Within 60 days after a complaint is filed, the California Dept. of Education will: carry out an independent investigation, give the complainant an opportunity to provide additional information, review all information and make a determination as to whether the LEA has violated laws or regulations and issue a written decision that addresses each allegation.

For complaints involving issues not covered by IDEA, consult your district's Uniform Complaint Procedures.

To obtain more information about dispute resolution, including how to file a complaint, contact the CDE, Special Education Division, Procedural Safeguards Referral Service, by telephone at (800) 926-0648; by fax at 916-327-3704; or by visiting the CDE Web site at <http://www.cde.ca.gov/sp/se>.

The District would like to work with you to resolve all complaints at the local level whenever possible. We invite you to meet with the administrator who has been designated to work with compliance issues and attempt to resolve your concern informally before a complaint is filed. S/he will maintain confidentiality as permitted by law. If your complaint cannot be resolved, a formal investigation will be initiated or you will be referred to the appropriate agency for assistance.

SCHOOL DISCIPLINE AND PLACEMENT PROCEDURES FOR STUDENTS WITH DISABILITIES

Children with disabilities may be suspended or placed in other alternative interim settings or other settings to the same extent these options would be used for children without disabilities. School personnel may consider any unique circumstances on a case-by-case basis when determining whether a change in placement is appropriate for a child with a disability who violates a code of student conduct. A manifestation determination IEP amendment meeting will be called to determine the need for a change of placement from the current setting when (1) the administrator has decided to suspend the student for ten or more cumulative days, and/or (2) removal of the student for more than ten consecutive days has been considered. This IEP meeting must take place immediately, if possible, or within ten days of the school district's decision to take this type of disciplinary action. [20 USC 1415(k)] Except by your consent or court order, your child can not be suspended for more than 10 consecutive days. If the district obtains consent for a suspension, longer than 10 days, it must continue to provide special education and services. [20 USC 1415(k)(3)(B)(i); 34 CFR 300.530; 30 EC 48915.5; *Honig vs. Doe*]

As a parent, you will be invited to participate as a member of the IEP Team. The school district must provide you with a written notice of the required action. During the meeting, the team members will discuss the alleged misconduct and the student's relevant disciplinary history, current IEP, educational placement, behavior supports, attendance and health records, and assessment reports on file. They will also consider teacher observations, relevant information provided by the parent/guardian, and other relevant unique circumstances to be considered. From this discussion, the team will make manifestation determination review findings and make recommendations. The options are to either not continue with the discipline process and consider possible changes to current IEP or continue with the discipline processes applicable to nondisabled students.

After a student with a disability has been removed from his or her current placement for ten (10) school days in the same school year, during any subsequent days of removal the public agency must provide services to enable the child to continue to participate in the general education curriculum and progress toward meeting the goals set out in the child's IEP. Also, a student will receive, as appropriate, a functional behavioral assessment and behavioral interventions which are designed to address the behavior violation so that it does not recur.

Under Federal law, a school district may place a child in an appropriate interim alternative placement for up to forty five (45) days under certain circumstances. Those circumstances are when the child has carried a weapon or has knowingly possessed or used illegal drugs or sold or solicited sale of controlled substances at school or a school function or committed serious bodily injury. [20 USC 1415(k)] Alternative educational settings must allow the child to continue to participate in the general curriculum and ensure continuation of services and modifications detailed in the IEP. [34 CFR 300.530; EC 48915.5(b)]

If you disagree with the IEP Team's decision, you may request an expedited due process hearing from the California Department of Education's Special Education Hearing Office, which must occur within twenty (20) school days of the date on which you requested the hearing. [20 USC 1415(k)(2); 34 CFR 300.531(c)] If you request a hearing or an appeal regarding disciplinary action or manifestation determination, your child will stay in the interim alternative setting unless the maximum of 45 days is reached, another time frame is established by a hearing officer, or the parents and school district agree to another placement. [34 CFR 300.533]

CHILDREN ATTENDING PRIVATE SCHOOL

The school district is responsible for the full cost of special education in a private school or nonpublic, nonsectarian school, when the school district, together with the IEP Team, recommends that this would be the appropriate placement for the student. [20 USC 1412(a)(10)(B)(i); CFR 300.146] The district is not obligated to offer a free appropriate public education to a child whose parent(s) have voluntarily enrolled that child in a private school. In such cases, the district will propose an Individual Services Plan for Private School Students. [20 USC 1412(a)(10)(A)(i)]

You must notify the district of your intent to place your child in a private school:

- At the most recent IEP meeting you attended before removing your child from the public school; or
- In writing to the school district at least ten business days (including holidays) before removing your child from the public school. [20 USC 1412(a)(10)(C)(iii); 34 CFR 300.148(d)(1); EC 56176]

Children who are enrolled by their parents in private schools may participate in publicly funded special education programs. The school district must consult with private schools and with parents to determine the services that will be offered to private school students. Although school districts have a clear responsibility to offer FAPE to students with disabilities, those children, when placed by their parent in private schools, do not have the right to receive some or all of the special education and related services necessary to provide FAPE. [20 USC 1415(a)(10)(A); 34 CFR 300.137 and 300.138; EC 56173]

If a parent of an individual with exceptional needs who previously received special education and related services under the authority of the school district enrolls the child in a private elementary school or secondary school without the consent of or referral by the local educational agency, the school district is not required to provide special education if the district has made FAPE available. If you unilaterally place your child in a nonpublic school and you propose the placement in the nonpublic school to be publicly financed, the school district must be given the opportunity to first observe the proposed placement and your child in the proposed placement. [EC 56329(d)] A court or a due process hearing officer may require the school district to reimburse the parent or guardian for the cost of special education and the private school only if the court or due process hearing officer finds that the school district had not made FAPE available to the child in a timely manner prior to that enrollment in the private elementary school or secondary school and that the private placement is appropriate. [20 USC 1412(a)(10)(C); 34 CFR 300.148; EC 56175]

A court or hearing officer may not reduce or deny reimbursement to you if you failed to notify the school district for any of the following reasons:

- Illiteracy and inability to write in English prevented you from providing notice;
- Giving notice would likely result in physical or serious emotional harm to the child;
- The school prevented you from giving notice; or,
- You had not received a copy of this Notice of Procedural Safeguards or otherwise been informed of this notice requirement. [20 USC 1412(a)(10)(C)(iv); 34 CFR 300.148(e); EC 56177]

The court or hearing office may reduce or deny reimbursement if you did not make your child available for an assessment upon written notice from the school district. You may also be denied reimbursement if you did not inform the school district that you were rejecting the special education placement proposed by the school district and did not give notice of your concerns and intent to enroll your child in a private school at public expense.

STATE SPECIAL SCHOOLS

The State Special Schools provide services to students who are deaf, hard of hearing, blind, visually impaired, or deaf-blind at each of its three facilities: the California Schools for the Deaf in Fremont and Riverside and at the California School for the Blind in Fremont. Residential and day school programs are offered to students from infancy to age 21 at both State Schools for the Deaf and from ages five through 21 at the California School for the Blind. The State Special Schools also offer assessment services and technical assistance. For more information about the State Special Schools, please visit the California Department of Education Web site at <http://www.cde.ca.gov/sp/se> or ask for more information from the members of your child's IEP team.

District Contact Information

Please contact the Special Education Administrator at the phone number listed below for your school district if you:

- Would like additional copies of the Notice of Procedural Safeguards
- Need assistance in understanding the provisions of your rights and safeguards
- Require a translation orally, by other means, in a different language or other mode of communication

| <u>District</u> | <u>Special Ed. Phone</u> | <u>District</u> | <u>Special Ed. Phone</u> |
|-------------------------------|--------------------------|------------------------------|--------------------------|
| Alvord USD | (951) 509-5045 | Murrieta Valley USD | (951) 696-1600 x 1020 |
| Banning USD | (951) 922-0224 | Nuview Union SD | (951) 928-0066 x 1710 |
| Beaumont USD | (951) 845-1631 x 005379 | Palm Springs USD | (760) 883-2703 x 4805253 |
| Coachella Valley USD | (760) 848-1135 | Palo Verde USD | (760) 922-4164 x 1242 |
| Desert Center USD | (760) 392-7604 | Perris Elementary SD | (951) 940-4942 |
| Desert Sands USD | (760) 771-8652 | Perris Union High SD | (951) 943-6369 x 81300 |
| Empire Springs Charter School | (951) 225-7709 | Leadership Military Academy | (951) 421-8450 |
| Harbor Springs Charter School | (951) 225-7709 | River Springs Charter School | (951) 225-7709 |
| Hemet USD | (951) 765-5100 x 4080 | Romoland Elementary SD | (951) 926-9244 x 1237 |
| Jurupa USD | (951) 360-4144 | San Jacinto USD | (951) 929-7700 x 4249 |
| Lake Elsinore | (951) 253-7130 | Santa Rosa Academy | (951) 672-2400 x 1202 |
| Menifee Union USD | (951) 672-1851 x 49430 | SCALE Leadership Academy | (888) 315-4660 |
| | | Val Verde USD | (951) 940-6104 x 10433 |

County Office:

| | | |
|--------------------------------------|-------------------|----------------|
| Riverside County Office of Education | Special Education | (951) 826-6476 |
|--------------------------------------|-------------------|----------------|

SELPA Office:

If you need additional assistance beyond your Local District / County Office or wish general information regarding Special Education programs and services within the Riverside County Special Education Local Plan Area (SELPA), you may contact the SELPA at (951) 490-0375.

GLOSSARY OF ABBREVIATIONS USED IN THIS NOTIFICATION

| | | | |
|-------------|---|--------------|-----------------------------------|
| ADR | Alternative Dispute Resolution | IEP | Individualized Education Program |
| CFR | Code of Federal Regulations | OAHA | Office of Administrative Hearings |
| EC | California <i>Education Code</i> | SELPA | Special Education Local Plan Area |
| FAPE | Free Appropriate Public Education | USC | United States Code |
| IDEA | Individuals with Disabilities Education Act | | |

Appendix B

Special Education Service Options

Special Education Service Options

Least Restrictive

General Education Class

General Education Class with Supplemental Aids and Services

General Education Class with Related Services

General Education Class with Consult and/or Collaboration from
Special Education Staff

General Education Class with Specialized Academic Instruction
(Resource Specialist Program)

Separate Classroom with Specialized Academic Instruction

Separate Classroom with Specialized Academic Instruction
Using Alternative Curriculum

State Special School Referral

Non-Public School

Alternative Education

Home/Hospital

Instruction in Non-Classroom Setting/
Residential Treatment Facility